

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 3

FILED APR 19 1945

Registration District No. 103

Primary Registration District No. 5417

35
08
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Rivers (If outside city or town limits, write "RURAL" and name of township) 1000

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Rivers (If outside city or town limits, write "RURAL") _____

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MATTIE KING

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1945 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1st to Feb 3 1945 and that I last saw him alive on Jan 2 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 17 1861

Immediate cause of death Senility + Cardiac Dis.

Due to _____

Due to _____

8. AGE: Years 83 Months 11 Days 16 If less than one day _____ hr. _____ min.

Other conditions Ovarian tumor (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 95c

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation House wife

11. Industry or business _____

12. Name Mat Hagan

13. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Lissam Hagan

15. Birthplace Ark (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs. G. B. Abston

(b) Address Harnesville Missouri

17. (a) _____ (b) Date thereof 2-4-1945 (Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Ada cemetery

18. (a) Signature of funeral director W. F. Emerson

(b) Address Harnesville Mo

19. (a) 15-45 (b) Linden Perkins (Date received local registrar) _____ (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature E. J. Cape (Specify type of place) _____ (D. D. certificate) _____

Address Harnesville Date signed 2/4/45

1201

RECEIVED

District Health Office No. 2

District File Number 442-26

Date Filed APR 11 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.