

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14185

FILED MAY 12 1945

Registration District No.

Primary Registration District No. 3050

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Peniscot

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

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

In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peniscot ⁷⁸

(c) City or town Caruthersville, Missouri ¹
(If outside city or town limits, write "RURAL") ²

(d) Street No. 810 Ferguson Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Minnie Lee Corbett

20. DATE OF DEATH: Month April day 27
year 1945 hour 8 minute 50 P. M.

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

21. I hereby certify that I attended the deceased from March 15 1945, to April 27 1945, that I last saw her alive on April 27 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 Married

6. (b) Name of husband or wife S. J. Corbett

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July (Month) 12th (Day) 1881 (Year)

Immediate cause of death CW of Liver

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>15</u>	hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Peniscot, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Hof

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name T. Cole Powell

13. Birthplace Dunklin County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Clara Bell Peters

15. Birthplace Lake County, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant S. J. Corbett

(b) Address Caruthersville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-45
(Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. Smith Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 4-30-1945 (Date received local registrar) (b) Jessie N. Marky (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? _____

While at work? _____ (Specify type of place) (e) Means of injury 9

23. Signature J. J. O'Connell (M. D. or other) 7/28/45
Address Caruthersville Date signed

1206

4-45-98

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,
....., Registered Apprentice No.
working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Carruthersville, Mo.

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.