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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 270

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14197

Primary Registration District No. 3050

Registrar's No. 34

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

1. PLACE OF DEATH

(a) County: Perniscot

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

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether)
In this community: 8 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perniscot

(c) City or town: Caruthersville 78
(If outside city or town limits, write "RURAL")

(d) Street No.: 501 E. 14th 1
(If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME: Isaac Passmore

3. (b) If veteran, name war: NO

3. (c) Social Security No.: —

4. Sex: M 9

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April (Month) 10 (Day) 1865 (Year)

8. AGE: Years 80 Months 0 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation: retired

11. Industry or business: none

MOTHER FATHER

12. Name: unknown

13. Birthplace: (City, town, or county) (State or foreign country) 9

MOTHER

14. Maiden name: "

15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: Russie Stocker

(b) Address: 501 E 14th Caruthersville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Caruthersville Mo

18. (a) Signature of funeral director: Herman Funeral Home

(b) Address: Steele Mo.

19. (a) 4-25-45 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1945 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 4 - 1944 to April 12 - 1945; that I last saw him alive on April 1 - 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Hypertension

Due to:

Due to:

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

Major findings:
Of operations:

Of autopsy: 97

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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:

23. Signature: J. R. Pinion (M. D. or other)

Address: Caruthersville, Mo. Date signed 4-12-45

120 (Licensed Embalmer's Statement on Reverse Side)

4-45-102

MAY 16 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 Jas. R. Stovall

Licensed Embalmer No. 3108

P. O. Address Bly Sunville a

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.