

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17745
State File No. _____
Registrar's No. 17

Registration District No. _____

Primary Registration District No. 5902

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Portageville R # 2 Mo. ~~Hayti~~
(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) _____
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT Catherine Anderson
FULL NAME _____

3. (b) If veteran, no 3. (c) Social Security
name war _____ No. no

4. Sex Female 5. Color or Col.
race _____ 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 20 hr. min.

9. Birthplace Cleveland Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Jeff Mayfield
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Chaney
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mose Whitfield
(b) Address Portageville R # 2 Mo.

17. (a) Burial (b) Date thereof 5/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Netherland Mo.
Valhalla Funeral Home

18. (a) Signature of funeral director Hayti Mo.
(b) Address _____

19. (a) 5-15-1945 (b) JA Scherson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot
(c) City or town Portageville R#2 Mo.
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from 5/11/45 to 5/11/45
that I last saw him EP alive on 5/11/45 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Syphilis Duration several years

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____
Of autopsy _____

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) _____
(a) Means of injury _____

23. Signature Hayti Mo. (M. D. or other) _____
Address _____ Date signed 5/15/45

5-45-111

JUN 24 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

Jack Kelly

Licensed Embalmer No.

3788

P. O. Address

Mayhew 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.