

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17749  
State File No.

FILED JUN 11 1945  
270

Registration District No.

Primary Registration District No. 3050

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Canthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community 11 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Canthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race negro 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: July 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Tommy Nesbitt  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Cornie Robinson  
(b) Address Canthersville, Mo.

17. (a) Burial (b) Date thereof 6-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Smiths Lane C-Vill

18. (a) Signature of funeral director Hermon Funeral Home While at work? \_\_\_\_\_  
(b) Address Stech, Mo. (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) 6-1-45 (b) Jessie W. Mackey  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1945 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from May 28, 1945, to May 31, 1945,  
that I last saw her alive on May 28, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cholecystitis Duration 1 week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1270  
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? \_\_\_\_\_

23. Signature J. R. Pinion (M. D. or other) \_\_\_\_\_  
Address Canthersville, Mo. Date signed 6-1-45

1206

(Licensed Embalmer's Statement on Reverse Side)

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

78-101

5-48-117

JUN 20 1948

**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.....  
.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*John W. Gorman*

Licensed Embalmer No. *4355*

P. O. Address. *Steele 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.**