

FILED JUN 11 1945
Registration District No. 270

Primary Registration District No. ~~270~~ 5909

Registrar's No. 470

1. PLACE OF DEATH:

(a) County Pemiscot

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

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

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

(d) Street No. R.F.S. #1 Caruthersville
(If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Roxie Kyle

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day May
year 1945 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan. 6, 1945 to May 26, 1945
that I last saw her alive on April 17, 1945, 1945,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race W

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: 12 24 1879
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis:

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>2</u>	_____ hr. _____ min.

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Califiton Penn
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired Housewife

12. Name _____

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

14. Maiden name Unobtainable

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

16. (a) Informant Mrs Mary Whalen

(b) Address 5514 Moffett St St Louis Mo

17. (a) Burial (b) Date thereof May 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Holt Funeral Home Inc.

(b) Address Blytheville Ark

19. (a) 5-28-1945 (b) Jessie M. Markey
(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? _____

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

23. Signature J.W. Whipple (M. D. or other) _____
Date signed 5/27/45

Address Caruthersville, Mo.

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

18
19

5-45-121

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. 665 Arkansas

P. O. Address Blytheville Ark

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.