

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

24594

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Mo  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Caruthersville, Mo 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. East 15th Street 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIE BELL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2 5. Color or race Negro 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 Do Not Know  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 hr. min. 9

9. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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

12. Name Do Not Know

13. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

14. Maiden name Do Not Know

15. Birthplace Do Not Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Washington 51

(b) Address 15th St. Caruthersville, MO

17. (a) Burial (b) Date thereof 7/3/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

18. (a) Signature of funeral director W.B. Smith, Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 7-3-1945 (b) Jessie H. Markey  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd  
year 1945 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 18 - 1945 to July 2 - 1945  
that I last saw him alive on June 18 - 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease  
Duration Don't Know

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. R. Pinion (M. D. or other) 0  
Address Caruthersville, Mo. Date signed July 2-45

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

7-45-164

**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 HL McCann

Licensed Embalmer No. 2727

P. O. Address Cynthiansville 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.**