

FILED AUG 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 76

Registration District No.

Primary Registration District No. 3019

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Presnell Hospital 0
 (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 Hayti 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box #14 1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Carolyn Sue Nail
 3. (b) If veteran, name war..... No.
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 21st
 year 1945 hour 10 minute 10 P.M.

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced S /
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased July 21, 1945
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
July 21, 1945 to July 21, 1945;
 that I last saw her alive on July 21,
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral hemorrhage
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

9. Birthplace Kennett, Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....
 12. Name Harry T. Nail
 13. Birthplace Braggadocia, Mo. 0
 (City, town, or county) (State or foreign country)
 14. Maiden name Estelita Maurine Nailton
 15. Birthplace Caruthersville, Mo. 0
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harry T. Nail
 (b) Address Hayti, Mo. Box #14

17. (a) Burial (b) Date thereof 7-21-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caruthersville mo

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) (c) Means of injury.....

18. (a) Signature of funeral director Yalballa Funeral Home
 (b) Address Hayti mo
 19. (a) 7-28-45 (b) James B. ...
 (Date received local registrar) (Registrar's signature)

Signature L. C. Wilson (M. D. or other) M. D.
 Address Kennett, MO. Date signed 7-25-45

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 845-103

Date Filed 8-8-45

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.

not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.