S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28127

Registration District No. 268

Primary Registration District No. J-9-D-J-4396 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Wardell, Missouri
(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 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Wardell, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE MEATTE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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 January (Month) 10 (Day) 1884 (Year)

8. AGE: Years 61 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Hornbeak (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Phill Fegehner
13. Birthplace Unknown (City, town, or county) a (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) a (State or foreign country)

16. (a) Informant Alford Wilburn

(b) Address Wardell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Missouri

19. (a) 8-17-45 (Date received local registrar) (b) J. L. Quasy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17the year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from July 23, 1945, to Aug. 17, 1945; that I last saw her alive on July 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of arms and chest.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55¢

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 G. W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 8/20/45

510

(Licensed Embalmer's Statement on Reverse Side)

8-45-152

OCT 14 1946

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 Bill Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed H L McCann

Licensed Embalmer No. 2727

P. O. Address Carnthusville 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.