

S. No. 2  
M-5-43  
5-17-39  
I X38671

**FILED OCT 11 1945**

Registration District No. **270** Primary Registration District No. **2050**

**1. PLACE OF DEATH:**

(a) County **Pemiscot**

(b) City or town **Caruthersville**  
(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 **1 Year** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Green White**

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

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

**4. Sex** **Male** **2** **5. Color or race** **Black**

**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** **Unknown** **Unknown 1882**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>63</b>	<b>unknown</b>	<b>_____</b>	<b>_____</b> hr. <b>_____</b> min.

**9. Birthplace** **Greenville** **Miss.** /  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farming**

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

MOTHER FATHER

**12. Name** **Unknown**

**13. Birthplace** **Unknown** **9**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mary Hollins**

**15. Birthplace** **Greenville** **Miss** /  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Anna Williams**

**(b) Address** **Caruthersville**

**17. (a) Burial** **(b) Date thereof** **Sept 14, 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Caruthersville Mo.**

**18. (a) Signature of funeral director** **H.S. Smith** **Funeral Home**  
(b) Address **Caruthersville Mo.**

**19. (a) 9-21-45** **(b) Irene B. Weeks**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Pemiscot** **78**

(c) City or town **Caruthersville** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Bell Ave.** **2**  
(If rural, give location)

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

If yes, name country **\_\_\_\_\_**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **10th**  
year **1945** hour **6.30** minute **a.m.**

**21. I hereby certify that I attended the deceased from** **Aug 25** **1945** **Sept 10** **1945**  
and that death occurred on the date and hour stated above.

that I last saw **him** alive on **Aug 19** **1945**

Immediate cause of death **Pneumonia, Tuberculosis** **1 year** **1 year**

Duration **1 year**

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

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

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

Major findings: **13/18**

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** **W. O. Carr** **(M. D. or other)** **MS**

**Address** **Caruthersville** **Date signed** **9/13/45**

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

9-45-175

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 *B.L. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Caruthersville 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.