No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 12 1945

STANDARD CERTIFICATE OF DEATH

State File No. 38136

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 91

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: 322 West 11th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
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. 322 West 11th Street 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME MRS ROSA McREE

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 Married

6. (b) Name of husband or wife Mr. McRee

6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased May (Month) 21st (Day) 1875 (Year)

8. AGE: Years 70 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Gipson County, (City, town, or county) Tennessee (State or foreign country) /

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name James Hasting

13. Birthplace Do Not Know (City, town, or county) (State or foreign country) 7

14. Maiden name Elizabeth Neeley

15. Birthplace Do Not Know (City, town, or county) (State or foreign country) 6

16. (a) Informant John Chilton

(b) Address 322 West 11th St. C'ville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 5 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo

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

(b) Address Caruthersville, Missouri

19. (a) 12-3-1945 (Date received local registrar) (b) Teresa B. Wiehe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct. 28 - 1945 to Nov. 3 - 1945 that I last saw he alive on Nov. 3 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days.
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)

Address Caruthersville, Mo. Date signed Nov. 7 45

1485

(Licensed Embalmer's Statement on Reverse Side)

11-45-221

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 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.