

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42049

State File No. _____

FILED JAN 17 1946
Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Remiscat County

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

(c) Name of hospital or institution:
County Farm 5
(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 Remiscat

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

(d) Street No. West Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mahlon M. Everett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17
year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex MO 5. Color or race W

6. (b) Name of husband or wife _____

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

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Don't know, this man was found dead in bed.

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>	<u>84</u>			_____hr. _____min.

Duration _____

Due to _____

Due to _____

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

Other conditions _____
(include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings:
*Of operations _____

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

Of autopsy 200k

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____

(b) Address _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 12-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Little Prairie Cem.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director LaFarge

(b) Address State Street, Caruthersville, Mo.

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 1-4-45 (b) Charles Valley
(Date received local registrar) (Registrar's signature)

23. Signature Jess Kelly Coroner (M.D. or other)
Address Nazth. Mo. Date signed 12-17-45

1413

(Licensed Embalmer's Statement on Reverse Side)

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

12-45-246

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.....

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.