S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42622

State File No.

FILED JAN 12 1946

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 54

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Sikeston General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hours (Specify whether

In this community 22 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston (If outside city or town limits, write "RURAL") 5

(d) Street No. 518 Fletcher St. (If rural, give location) 2

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

If yes, name country

3. (a) PRINT FULL NAME Pearline Qualls

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Luther Qualls

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 5 (Month) 18 (Day) 1923 (Year)

8. AGE: Years 22 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Truman (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jasper W. Hutchison
13. Birthplace Washington Co. (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Rosie D. Light
15. Birthplace Lawrence Co. (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Troy Hutchison

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/45 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 12-31-45 (Date received local registrar) (b) Mrs. T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1945 hour 2 minute 45 a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw her alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Secondary Anemia	7
Due to: Pyelitis	7
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 Thomas C. McClure (M. D. or other)

Address Sikeston, Mo. Date signed 12-18-45

1494

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-74
Date Filed 1-10-46

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.....

Embalmed, Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.