

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D. P. ...

State File No. **3556**

FILED FEB 11 1946

Registration District No. **270**

Primary Registration District No. **5909**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County Pemscot
(b) City or town Prud Little Prairie
(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 3 weeks (Specify whether)
In this community 3 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemscot 78
(c) City or town Prud
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi West F Caruthersville
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laverne Sue Black
3. (b) If veteran, name war -
3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 28
year 1946 hour 12 minute 30 P. M.

4. Sex 7 / 1
5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive 30 years (Day) (Year)
7. Birth date of deceased: June 30 1916 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 23 - 1946 to Jan. 28 - 1946
that I last saw her alive on Jan. 28 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Duration 3 days
Acute Cold 1 week
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 29 Months 6 Days 29
If less than one day hr. min.

PHYSICIAN
Major findings: Of operations
Of autopsy 107
Underline the cause to which death should be charged statistically.

9. Birthplace Little Rock Ark 1 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business
12. Name Wayne C. Black
13. Birthplace Prud Ark 1 (City, town, or county) (State or foreign country)
14. Maiden name Mrs. Henderson
15. Birthplace Prud Ark 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Black
(b) Address Caruthersville, Mo
17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Jan-29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie

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?

18. (a) Signature of funeral director Loyd W. ...
(b) Address Caruthersville, Mo
19. (a) 2-2-46 (Date received local registrar)
(b) Dresser B. Wilks (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
23. Signature J. R. ... (M. D. or other)
Address Caruthersville, Mo. Date signed 1-28-46

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

MOTHER FATHER

247

(Licensed Embalmer's Statement on Reverse Side)

1-4.6-6

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.