S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24521

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 74

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: Mississippi River 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 501 Juliet, Ave. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Etta Lee Guy
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jess Lee Guy
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 10, 1897 (Month) (Day) (Year)
8. AGE: Years 49 Months 2 Days 18 If less than one day hr. min.
9. Birthplace Dyer, Co., Tenn. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Jim Cummings
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
14. Maiden name Edna Sawyers
15. Birthplace Middle, Tenn. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Dorothy Gordan
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery
18. (a) Signature of funeral director A. L. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 8-1-46 (Date received local registrar) (b) Russell B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1946 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidental Drowning	
Due to: Boat Overturned	
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) Accident 78
(b) Date of occurrence July 28, 1946
(c) Where did injury occur? Caruthersville, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mississippi River (Specify type of place)
While at work? (e) Means of injury 3
23. Signature Jack Kelley Coroner (M. D. or other)
Address Hayti, Mo. Date signed 7/31/46

247 (Licensed Embalmer's Statement on Reverse Side)

8-46-169

AUG 12 1946

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 .....

Body was not embalmed ....., 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.