S. No. 2
M—8-43
5-17-39
I X37823

42576

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

Registration District No. 333

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6115

Dr A. D. Martin 43770

State File No.

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: R F D 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

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

(d) Street No. Sikeston R F D 1
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MYRIE ESTALEE LA RUE

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 David

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept 9 1907
(Month) (Day) (Year)

8. AGE: Years 39 | Months | Days | If less than one day ___ hr. ___ min.

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

10. Usual occupation at home

11. Industry or business House wife

FATHER
12. Name J. G. Skelton
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Evaline Mathis
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant David La Rue
(b) Address Sikeston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) 3-8-47 (Date received local registrar) (b) Mrs T. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1946 hour 1 minute 02 P. M.

21. I hereby certify that I attended the deceased from June 6, 1946, to Dec 22, 1946, that I last saw her alive on Dec. 21st, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 days
Due to Hydro-nephrosis, Nephrosis	
Due to Bilateral	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

133 B

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 A D Martin (M. D. or other) M D

Address Sikeston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342-329
Date Filed 3-10-47

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 Raymond E. Crews

Licensed Embalmer No. 3467

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.