

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 613
(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) _____

3. (a) PRINT FULL NAME J. B. Husband
3. (b) If veteran, name war No. 2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bettie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 2 1920
(Month) (Day) (Year)

8. AGE: Years 27 Months _____ Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Insurance Salesman

11. Industry or business _____

12. Name F.L. Husband

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

14. Maiden name Euna Young

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

16. (a) Informant Mr. Camery
(b) Address Blytheville Ark.

17. (a) Removal (b) Date thereof 3-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville Ark.

18. (a) Signature of funeral director Bob Rumsal
(b) Address Blytheville Ark.

19. (a) 4-14-47 (b) Nelson Louis Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark. (b) County Mississippi
(c) City or town Blytheville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28th day Feb.
year 1947 hour 8:30 P; minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Instantly killed in
Truck and Auto Collision

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature [Signature] (Specify type of place) _____
Address New Madrid Mo. (e) Means of injury Car over
Date signed 4/14/47
(M. D. or other)

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

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RECEIVED

District Health Office No. 2,

District File Number 447-592

Date Filed 4-16-47

APR 21 1947

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. 3100

P. O. Address Blytheville, Ark.

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.