Castles

V. S. No. 2
00M—2-43
Rev. 7-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28532

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 63

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

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: 700 Highland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville (If outside city or town limits, write "RURAL")
(d) Street No. 700 Highland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Lottie Wallace
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased July 20, 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	1	11	hr. min.

9. Birthplace Robertsville, (City, town, or county) Miss. (State or foreign country)
10. Usual occupation House-work
11. Industry or business X

FATHER
12. Name Elliot Gwin
13. Birthplace Lake, Co. (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Mary Fields
15. Birthplace Shannon, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Leanna Sykes
(b) Address Caruthersville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Ridge Cem.
18. (a) Signature of funeral director H S Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) 9-12-47 (Date received local registrar) (b) Tressie B. Wilks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1947 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947, to Sept 1, 1947; that I last saw her alive on Aug 30, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis (Chronic)	1 yr.
Due to	
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 [illegible] Castles M.D. (M. D. or other)
Address Caruthersville, Mo. Date signed 9/5/47

(Licensed Embalmer's Statement on Reverse Side)

9-47-263

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 ..... William D. Fike ....., Registered Apprentice No. 440 ....., working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Smithville, 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.