

S. No. 2
 FORM-2-43
 Rev. 5-17-39
 I X35897

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42566**

FILED JAN 7 1948

Registration District No. **268**

Primary Registration District No. **2905**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County **Pemiscot**

(b) City or town **Rural Portageville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Route 2
(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 **67 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 78**

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

(d) Street No. **Rural Route 2**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **SALLIE WITHROW**

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **16**
 year **1947** hour **10** minute **30** P.M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **X**

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

7. Birth date of deceased **November 7, 1868**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 15-1947**
 to **Oct. 16, 1947**

that I last saw her alive on **Oct. 15, 1947**
 and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **0** Days **9**
 If less than one day _____ hr. _____ min.

Immediate cause of death: **Cerebral hemorrhage**

Due to **arteriosclerotic hypertensive cardiovascular renal disease.**

Due to _____

9. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **House-wife**

11. Industry or business **X**

Other conditions **93 D**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **were performed**

Of autopsy **were performed**

MOTHER FATHER

12. Name **Ben O'Brine**

13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

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? _____

16. (a) Informant **Joe Withrow**

(b) Address **R. 2 Portageville, Mo.**

17. (a) **Burial** (b) Date thereof **11/20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Cem.**

While at work? _____
(Specify type of place) (c) Means of injury.

23. Signature **Ray C. Mullen** (M. D. or other) **M.D.**

Address **Box 56 Portageville, Mo.** Date signed **11-20-47**

18. (a) Signature of funeral director **H. J. Smith Funeral Home**

(b) Address **Caruthersville, Mo.**

19. (a) **12-4-47** (b) **Mrs. H. J. Gullett**
(Date received local registrar) (Registrar's signature)

1-48-7

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. Dike

....., Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

James A. Osburn

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville, 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.