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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr. Carter

State File No. 1947

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 7

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: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 45 years - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 708 E 14th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lura May Chaffin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Chaffin

6. (c) Age of husband or ~~wife if~~ alive 62 years

7. Birth date of deceased June (Month) 19 (Day) 1889 (Year)

8. AGE: Years 58 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Martin (City, town, or county) Tenn - 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William E. Baldridge
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Betty ~~Jane~~ Baldridge
15. Birthplace Martin (City, town, or county) Tenn - 1 (State or foreign country)

16. (a) Informant John H. Chaffin Sr.

(b) Address Caruthersville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Little prairie

18. (a) Signature of funeral director La Forge Und. Co

(b) Address Caruthersville Mo.

19. (a) 2-7-1948 (Date received local registrar) (b) Irene B. Wiehe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Feb 10, 1946, 19, to Feb 1, 1948; that I last saw her alive on Feb 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	6 hrs.
Due to Essential Hypertension	2 yrs.
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 0

23. Signature C. C. Carter M.D. (M. D. or other)

Address Caruthersville Mo. Date signed 2/3/48

(Licensed Embalmer's Statement on Reverse Side)

2-48-48

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 Noel C. Dean

Licensed Embalmer No. 3941

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.