. S. No. 2
0M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3 1948

Registration District No. 276

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2050

State File No. 1950

Registrar's No. 6

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:
Rear 303 E. 8th, St.
(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 Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No. X 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LELA FISHER

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female 3

5. Color or race Negro

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 Unknown (Month) (Day) (Year)

8. AGE: Years About 51 | Months | Days | If less than one day hr. min.

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

10. Usual occupation House-Work

11. Industry or business X

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant L. W. Johnson
(b) Address Hayti, Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Morgan Ridge Cemetery

18. (a) Signature of funeral director H. L. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 1-28-1948 (Date received local registrar) (b) Irene B. Wicks (Registrar's signature) 9119

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from 11/10, 1947, to, 19; that I last saw h alive on 1/24/, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary sclerosis.	
Due to Undetermined.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 (M. D. or other)
Address Caruthersville, Mo. Date signed 1/28

(Licensed Embalmer's Statement on Reverse Side)

1-48-29

FEB 25 1948

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 Body Was Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Lawrenceville, 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.