

No. 2
5-17-39
X36671

FILED MAR 16 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 18

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: 1
(If not in hospital or institution, write street number or location)

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

In this community Unknown
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. 209 Bushey
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jessie Julian

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased About 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 70 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant Social Security Record

(b) Address _____

17. (a) Burial (b) Date thereof 3-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge

18. (a) Signature of funeral director LaForge UND. Co.

(b) Address Caruthersville, Mo.

19. (a) 3-9-48 (b) Jessie B. Wiehs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th
year 1948 hour 8 minute _____ PM.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown Duration _____
As this man was found dead
without medical attention

Due to _____

Due to _____

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

Major findings: Good

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? _____

While at work? _____ (Specify type of place)

23. Signature John Kelly coroner (M. D. or other) _____
Address St. Louis Mo Date signed 3-1-48

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

78
1
20

3-48-88

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.....

Boyd S. Willis

working under my personal supervision.

Registered Apprentice No. *19*

Signed *Hal C. Moore*

Licensed Embalmer No. *3941*

P. O. Address *Corinth, Miss.*

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.