

S. No. 2
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5-17-39
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118568

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 35

Registration District No. 270

Primary Registration District No. 5409

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1 Caruthersville, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years
In this community 10 Years
years, months or days

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

3. (a) PRINT FULL NAME Laura Moore
(b) If veteran, name war X
(c) Social Security No X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 28
year 1948 hour 8 minute 50 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Johnnie Moore
(c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 30 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on Apr 28, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 10 Days 28
If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Neurologel
Duration Sudden

9. Birthplace Dirks Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 83A
Of operations _____
Of autopsy _____

11. Industry or business X
12. Name Lige Shelton
13. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Johnnie Moore
(b) Address Rt. 1 Caruthersville, Mo.
17. (a) Burial (b) Date thereof 5/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple

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? _____

18. (a) Signature of funeral director H.S. Smith Funer. Hm
(b) Address 808 Ward Ave. Caruthersville
19. (a) 56-1948 (b) Jessie B. Neke
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. J. Cain (M. D. or other) MS
Address Caruthersville Mo Date signed 5/5/48

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

5-48-150

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.

working under my personal supervision.

Signed.....

William D. Fike

Licensed Embalmer No.

4484

P. O. Address.....

Box 216 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.