

S. No. 2
M-2-43
7-5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17415

FILED JUN 1 1948

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. 44

1. PLACE OF DEATH: **Pemiscot**

(a) County **Pemiscot**

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

(c) Name of hospital or institution:
Route 1 Box 387C
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary McClain**

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

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

4. Sex **Female**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **X 9**

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 85** Months Days If less than one day hr. min.

9. Birthplace **Stanton, Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **X**

MOTHER FATHER

12. Name **Unknown 9**

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

14. Maiden name **Unknown 4**

15. Birthplace **Unknown 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Edwards**

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

17. (a) **Burial** (b) Date thereof **5/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo.**

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

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

19. (a) **5-27-48** (b) **John H. German**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot 18**

(c) City or town **Hayti Rural 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 1 Box 387C 0**
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **1948** hour **6** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **1-1-47** to **May 2-48**
that I last saw her alive on **4-30-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **10 4**

Major findings: Of operations **10 4**

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) (e) Means of injury **0**

23. Signature **J. L. Masterson** (M. D. or other) **0**
Address **Hayti** Date signed **5-6-48**

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

5-48 ~~170~~

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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.....

William D. Pike

Licensed Embalmer No. *44-84*

P. O. Address *Canthersville, 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.