

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

No. 2
-1747
-1739

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pearl 241 E Kathleen
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)
In this community 10 Years

3. (a) PRINT FULL NAME

John Artis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race C
6. (b) Name of husband or wife Bettie Artis
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased 5 (Month) 2 (Day) 1878 (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day 6 hr. a min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Do Not Know

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

14. Maiden name Do Not Know

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

16. (a) Informant Lizzie Cason

(b) Address Gen. Del, Sikeston, Mo

17. (a) Burial (b) Date thereof 9/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo

19. (a) 9-28-48 (b) Mrs. J. J. Henry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Pearl 241 E Kathleen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14 year 1948 hour 6 minute a M.

21. I hereby certify that I attended the deceased from 7-31 1948, to Sept 14 1948
that I last saw him alive on 9-13 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings Of operations

Of autopsy

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 J. J. Henry (M. D. or other)

Address Sikeston, Mo Date signed 9-17-48

RECEIVED

District Health Office No. 2

District File Number 948-1243

Date Filed 9-29-48

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 _____

Licensed Embalmer No. 7941

P. O. Address Seaford, N.C.

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *nn*

Registration District No. *223*

Primary Registration District No. *3074*

Registrar's No. *97*

1. PLACE OF DEATH:

- (a) County *Scott*
(b) City or town *Liberton*
(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 years, months or days)

3. (a) PRINT
FULL NAME *John Artis*

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex *m* 5. Color or race *b*
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive

7. Birth date of deceased *may 2*
(Month) (Day) (Year)

8. AGE: Years *70* Months *4* Days *1*
If less than one day
hr. min.

9. Birthplace (City, town, or county) (State or foreign country) *K.C.*

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *1944* year *1944* floor *1* minute *15* M.

21. I hereby certify that I attended the deceased from *1944* to *1944*,
that I last saw him alive on *1944*,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *accident - fall*

(b) Date of occurrence *2-19-44*

(c) Where did injury occur? *at Skidmore Street mo*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? (Specify type of place) (e) Means of injury

23. Signature *John Artis* (M. D. or other)

Address *Liberton* Date signed *10-16-48*

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

SUPPLEMENTARY

S-31722