

S. No. 2  
 FORM-2-43  
 Rev. 5-17-39  
 > I X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

FILED DEC 31 1948

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40960**

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 90

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:  
301 E. 15th 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 25 Years

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. 301 E. 15th, St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 19,  
 year 1948 hour 11 minute 20 P.M.

4. Sex Female 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 May 19, 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
September 6, 1948 to Dec 19, 1948  
 that I last saw her alive on Dec 19, 1948  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death Acute Cardiac Dilatation with  
 Due to Senility

9. Birthplace Magnolia, Miss.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Elizah McGee  
 (b) Address Caruthersville, Mo.

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
950

17. (a) Burial (b) Date thereof 12/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Morgan Ridge Cem.  
 18. (a) Signature of funeral director H.S. Smith Fun. Home  
 (b) Address Caruthersville, Mo.

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) (e) Means of injury

19. (a) 12-21-48 (b) Lessie B. Wicks  
(Date received from registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
 23. Signature J. W. Locke (M. D. or other) M.D.  
 Address Caruthersville, Mo. Date signed 12/21/48

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

78  
2

12-48-350

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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.....

*James A. Osburn*

Licensed Embalmer No.....

*4185*

P. O. Address.....

*Paruckville, 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.**