

no. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25643

FILED AUG 2 1949

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1541</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>ARK</u> b. COUNTY <u>Little Rock</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Kinloch 2</u>		c. LENGTH OF STAY (in this place) <u>4 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TEXASKANNA ARK</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wilmore &amp; Jones</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Lee</u> c. (Last) <u>Haskins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 20 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>		8. DATE OF BIRTH <u>3-30-1933</u>		9. AGE (In years last birthday) <u>16</u>		10. MONTHS <u>2</u> DAYS <u>11</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Douglasville Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Bosker Hoskins</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Louis ?</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nannie Louis Hoskins</u>		ADDRESS <u>Unknown</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>penetrating knife wounds of chest</u>  ANTECEDENT CAUSES <u>with internal hemorrhage, suffered</u> DUE TO (b) <u>when stabbed with knife.</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>69/62X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Kinloch Park-home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kinloch Park St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 20 49 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stabbed by husband.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23. SIGNATURE <u>Arnold J. Williams</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>6/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westwood</u>		24d. LOCATION (City, town, or county) (State) <u>Westwood, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>6-29-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros. Funerals</u> ADDRESS <u>1114 S. Stan 29</u>			

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

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

*Nenny C Williams*

Student Embalmer No.

*306*

working under my personal supervision.

*N. C. Williams*

Signed

Student Embalmer

Signed

*Edward A Flynn*

Licensed Embalmer No.

*14441*

P. O. Address

*454 T & Dwyer*

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.