

No. 300  
10-48  
FILED SEP 12 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 27572

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
c. LENGTH OF STAY (In this place) UNKNOWN		d. STREET ADDRESS (If rural, give location) 503 W. 8th, St. Rear	
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 W. 8th, St. Rear			

3. NAME OF DECEASED (Type or Print) ISABELLE			4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1949				
a. (First)	b. (Middle)	c. (Last) GARNER					
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) About 44	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Craig		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE George Garner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Garner Caruthersville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza		DUE TO (b) Diaphragmatic Pleuritis			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				481X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 19, 1949, to Aug. 24, 1949 that I last saw the deceased alive on Aug. 24, 1949, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Jewell W. [Signature] (Degree or title)		23b. ADDRESS Caruthersville Mo		23c. DATE SIGNED Aug. 29, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-29-49		24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge		24d. LOCATION (City, town, or county) (State) Caruthersville Mo.	

DATE REC'D BY LOCAL REG. 9-6-1949		REGISTRAR'S SIGNATURE Jesse B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S. SMITH FUNERAL HOME CARUTHERSVILLE, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

9-49-240

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed James A. Osburn.....

Licensed Embalmer No. 4185.....

P. O. Address 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.