

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27587

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5905		Registrar's No. 76			
1. PLACE OF DEATH a. COUNTY <u>Perisicot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Perisicot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Godair Twp</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Godair Twp</u>		78			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Portageville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>Young</u> c. (Last) <u>Hendrix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1949</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>March 20, 1880</u>			
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>4</u>		11. DAYS <u>11</u>		12. IF UNDER 48 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Portageville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Young</u>			13b. MOTHER'S MAIDEN NAME <u>Mary</u>			14. NAME OF HUSBAND OR WIFE <u>?</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Charles Solomon - Silveston</u>				ADDRESS <u>223 Williams St, No 16</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>Sharp blow struck on her skull; also by a cord tightly knotted about her neck, by the hand of a party or parties unknown</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) being the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>69 45 1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Portageville Perisicot Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 1, 1949</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Murder</u>						78	
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.									
23a. SIGNATURE <u>Levyatis 3</u> (Degree or title) Acting Coroner				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>8-11-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-19-49</u>		REGISTRAR'S SIGNATURE <u>John W. Herman</u>		406		25. FUNERAL DIRECTOR'S SIGNATURE <u>Delisle Funeral Parlor - Portageville, Mo</u>		ADDRESS	

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

8-49-329

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.

Signed.....
Student Embalmer

Signed.....

Joseph A. DeLoe

Licensed Embalmer No. *4481*

P. O. Address *Fotgerville 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.