N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D APR 22 [redacted]

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11678
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 1 Registration District No. 657
(b) Township Primary Registration District No. 4388 Registered No. 32
(c) City Caruthersville (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAURA Misho 200
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Single
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1903
7. AGE YEARS 35 MONTHS 1 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Lone
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) March 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Arkansas 1

FATHER
13. NAME John Ed Misho 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 1

MOTHER
15. MAIDEN NAME Ada Perry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Arkansas

17. INFORMANT (ADDRESS) Mrs Ada Misho Caruthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. DATE Mch 24 1938
19. FUNERAL DIRECTOR (ADDRESS) La Forge Ind. Co. Caruthersville, Mo.
20. FILED March 31, 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:00 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1938, to 3/23, 1938
I last saw her alive on 3/22, 1938. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset

93A

Other contributory causes of importance:
Acute Stomatitis

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. W. Phipps, M. D.
585 (Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. L. La Forge, Licensed Embalmer No. 3082

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. L. La Forge

Licensed Embalmer No. 3082

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)