

Registration District No. 651 Primary Registration District No. 4388 State File No. \_\_\_\_\_ Registrar's No. 85

1. PLACE OF DEATH:

(a) County Jennico  
(b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Walter Syce 220

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race colored (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Nov 26 1909  
(Month) (Day) (Year)

8. AGE: Years 30 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wabash Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

12. Name Ed Syce

13. Birthplace Wabash Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Ann May Snagg

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Rufus Syce

(b) Address Wabash Ark

17. (a) Burial (b) Date thereof 3-10-40  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director W. J. Smith

(b) Address Caruthersville Mo.

19. (a) March 7, 1940 (b) Eda Martin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jennico  
(c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. West ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8  
year 1940 hour 11 PM M.

21. I hereby certify that I attended the deceased from 3/8/40  
\_\_\_\_\_ 19 \_\_\_\_\_ to 3/8/40 19 \_\_\_\_\_  
that I last saw him alive on 3/8/40 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

585  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature W. J. Smith (M. D. or other) \_\_\_\_\_

Address Caruthersville Mo. Date signed Mar 9-1940

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

4-40-17

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**