

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Wayli - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pemiscot  
(c) City or town Wayli - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME THELMA MARIE ARGO

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: (Month) 6 (Day) 2 (Year) 39

8. AGE: Years 1 Months 4 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wayli - mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

12. Name Robert Argo

18. Birthplace Braggadonia mo  
(City, town, or county) (State or foreign country)

14. Maiden name Freda Whitaker

15. Birthplace Pemiscot Co. mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Jess Russell  
(b) Address Wayli, mo

17. (a) Burial (b) Date thereof 10 8 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Bayou  
(d) Signature of funeral director Indeney  
(e) Address \_\_\_\_\_

19. (a) 10/8/40 (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 7  
year 40 hour 11 minute 00 a.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on no medical treatment and that death occurred on the date and hour stated above.

Immediate cause of death Whooping cough, croup

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

Due to 1

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? \_\_\_\_\_

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

23. Signature Pearl Kelley Registrar (M. D. or other)

Address Wayli Date signed 10/8/40

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

11-40-21

**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.**