S. No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35973

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 106

8

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Near Caruthersville Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural "Little Prairie"
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Little Prairie "Rural #1"
(If outside city or town limits, write "RURAL")

(d) Street No. R. No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Henry Clay

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Clay

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased Dont Know (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	47	—	—	..... hr. ..... min.

9. Birthplace K.Y. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Day Labor 4

11. Industry or business Farm " 6

FATHER
12. Name Dont Know 1
13. Birthplace " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Mary Clay
(b) Address Caruthersville Mo R1

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ripley Tenn

18. (a) Signature of funeral director H. K. Smith
(b) Address Caruthersville Mo

19. (a) Nov. 1, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 7 A minute ..... M.

21. I hereby certify that I attended the deceased from Oct 22, 1940, to Oct 26, 1940
that I last saw him alive on Oct 26 — 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Strangulated Inguinal Hernia	36 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature C. Cass (M. D. or other) Mo
Address Caruthersville Mo Date signed Oct 28/40

(Licensed Embalmer's Statement on Reverse Side)

11-40-9

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 H S Smith

Licensed Embalmer No. 3900

P. O. Address Caruthersville

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

If this body is not embalmed, above space should be left blank.