

See also 11593-41
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7774

State File No. _____

Registrar's No. 89

Registration District No. 861

Primary Registration District No. 5862

1. PLACE OF DEATH:

(a) County Remiscot
(b) City or town Little Prairie "Rural"
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Roberta Prude

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2-5-1934
(Month) (Day) (Year)

8. AGE: Years 3 Months 1 Days 3 If less than one day hr. _____ min.

9. Birthplace Barton Ala
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Roberta Prude
13. Birthplace Barton Ala
14. Maiden name Katie Heath
15. Birthplace Barton Ala

16. (a) Informant Thos Prude
(b) Address Caruthersville Mo

17. (a) Burial (b) Date thereof March 9-41
(c) Place: burial or cremation Morgan Ridge cemetery

18. (a) Signature of funeral director Eda Martin
(b) Address Caruthersville Mo

19. (a) March 9, 1941 (b) Eda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot
(c) City or town "Rural"
(d) Street No. Little Prairie R. No. 1
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1941 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death measles

Due to unattended by a physician

Due to _____

Other conditions (include pregnancy within 3 months of death) 3/5

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? _____

23. Signature Ed W. Hipp Health Officer (M. D. or other) _____
Address Caruthersville Mo Date signed 3/9/41

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

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.