

S. No. 2
11-10-37
7-5-17-39
I X21492

Dr Mc Daniel

7776

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 19 1941

Registration District No. 657

Primary Registration District No. 5863

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pemiscot
(b) ~~City or town~~ Cottonwood Point Pemiscot
(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: _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) ~~City or town~~ Pemiscot Cottonwood Point Pemiscot
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mattie M. Staggs

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Edd Staggs 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased May 14 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 8 26 _____ hr. _____ min.

9. Birthplace Waynesboro, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Joe Battles

13. Birthplace Waynesboro, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Esibell Hill

16. Birthplace Waynesboro, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Edd Staggs

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 2. 11. 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director J.L. German
(b) Address Steele, Mo.

19. (a) Feb. 14, 1941 (b) Oda Martin
(Date received at registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1941 hour 7 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
I only saw the patient a few days before death I thought the had T. B. of both lungs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
13A

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 J. F. McDaniel (M. D. or other) _____
Address Steele Mo. Date signed 2-12-1941

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

8
0
0

3-41-2

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.