

APR 9 1941

Supervisor of 7774 - 41
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11598

Registration District No. 609

Primary Registration District No. 5862

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Peru "Little Prairie"
(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 _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Roberta Pride

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

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

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

7. Birth date of deceased Feb. 5, 1938
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Thos. Pride
13. Birthplace Barton, Mo. (City, town, or county) Clay, Mo. (State or foreign country)
14. Maiden name Royce Heard
15. Birthplace Barton, Mo. (City, town, or county) Clay, Mo. (State or foreign country)

16. (a) Informant Thos. Pride

(b) Address Caruthersville, Mo.

17. (a) Peru (Burial, association, or cemetery) (b) Date thereof March 9 - 41
(Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge Cem.

18. (a) Signature of funeral director H. D. Smith
(b) address Caruthersville, Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Peru
(c) City or town "Rural" Little Prairie
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1941 hour 3:00 minute 0 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 Duration _____

Due to unattended by a physician
Due to _____

Other conditions (Include pregnancy within 3 months of death) no

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? _____

While at work? 585 (Specify type of place) (a) Means of injury _____

23. Signature Lee Phipps, Health Officer
Address Caruthersville, Mo. Date signed 3-9-41

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

4-41-3

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 the above constitutes grounds for revocation of license.)

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