

11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH CONTROL

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29032

Registration District No. 659

Primary Registration District No. 5892

Registrar's No.

78
00

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Steele R.R. (Warguna Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(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

(c) City or town Steele Rural #1
(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 Callie Ward

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Col

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

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased February 1, 1919
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1941 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mch - about 53
to Aug 30, 1941, to _____, 19____

that I last saw h. Dr. alive on or about later part Aug, 1941
and that death occurred on the date and hour stated above

Immediate cause of death T.B.

Duration 6 mo

8. AGE: Years Months Days If less than one day

21 6 24 hr. min.

9. Birthplace Furrell Arkansas
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name James Smith

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

14. Maiden name Carrie Williams

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Carrie Ward

(b) Address Steele, Mo Route #1

17. (a) Burial (b) Date thereof Aug-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director German Lindt, Co

(b) Address Steele, Mo

19. (a) 9/8 (b) L. P. Newman
(Date received local registrar) (Registrar's signature)

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 D. C. McLean (M. D. or other) D

Address Holland Mo Date signed 9-4-41

9-41-33

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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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Stube, Mo

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.