

FILED DEC 19 1941/051

Registration District No. 208

Primary Registration District No. 30-3608

Registrar's No. 117

1. PLACE OF DEATH:

(a) County MISSISSIPPI
 (b) City or town DORENA
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
NO STREET NUMBERS/
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 WEEKS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI
 (c) City or town 411 ELM STREET
 (If outside city or town limits, write "RURAL")
 (d) Street No. CHARLESTON
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country NO

3. (a) PRINT FULL NAME

PEARL DIXON SMITH

3. (b) If veteran,

name war X X X

3. (c) Social Security

No. _____

4. Sex FEMALE
 5. Color or race COL

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

6. (b) Name of husband or wife STOKES SMITH

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased OCT 27 1924
 (Month) (Day) (Year)

8. AGE: Years 17 Months 0 Days 4
 If less than one day hr. _____ min. _____

9. Birthplace PEMISCOTT Co / MISSISSIPPI
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name SYLVESTER DIXON

13. Birthplace HELENA / ARKANSAS
 (City, town, or county) (State or foreign country)

14. Maiden name LETTIE MERRICK

15. Birthplace SENTORA / MISSISSIPPI
 (City, town, or county) (State or foreign country)

16. (a) Informant LETTIE DIXON

(b) Address 411 ELM ST. CHARLESTON, MO

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

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director John P. Munnell

(b) Address Charleston, Mo

19. (a) 11-3-41 (b) J. J. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1ST
 year 1941 hour 11 minute AM

21. I hereby certify that I attended the deceased from 10-29
1941 to 11-1 1941
 that I last saw her alive on 10-29 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobular Pneumonia
(Lobar)

Duration

Do not know 3 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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?

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

23. Signature C. C. Prenell (M. D. or other) M.D.

Address Charleston, Mo Date signed 11-1-41

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

RECEIVED

District Health Office No.

District File Number 1241-16

Date Filed 12/5/41

MAR 4 1942

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.

not embalmed

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, fact should be so stated above.