

REGISTRATION DISTRICT NO. 12-1943

PRIMARY REGISTRATION DISTRICT NO. 57-49-A4587

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Canalou mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 072

(a) State Mo (b) County New Madrid 0

(c) City or town Canalou
(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.? 10 years.

3. (a) PRINT FULL NAME Lottie Mae Yarker

3. (b) If veteran, name war L

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st year 1941 hour 3.30 minute A M.

21. I hereby certify that I attended the deceased from Oct 18, 1941, to Oct 21, 1941; that I last saw her alive on Oct 19, 1941; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: April 3 - 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>6</u>	<u>18</u>	hr. _____ min.

Immediate cause of death Callitis Duration

Due to _____

Due to _____

9. Birthplace Canalou mo U
(City, town, or county) (State or foreign country)

10. Usual occupation None

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Woods

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

14. Maiden name Lottie Yarker

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

1941

16. (a) Informant Willie Woods

(b) Address Canalou mo

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

(c) Place: burial or cremation Kewanee Cem, Mo

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? _____

18. (a) Signature of funeral director Ruth Turner (Specify type of place)

(b) Address Wheeler mo (c) Means of injury _____

19. (a) 10-25-41 (b) Jay Koebel
(Date received local registrar) (Registrar's signature)

23. Signature Am. Garro M.D. (M.D. or other)

Address Wheeler mo Date signed 10-21-41

RECEIVED

District Health Office No. 2

District File Number 1241-168

Date Filed 12/17/41

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.....

No Embalming done

Registered Apprentice No.....

working under my personal supervision.

Signed.....

M. K. Johnson

Licensed Embalmer No.....

3954

P. O. Address.....

Sebaston

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.