

S. No. 2
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. 5-17-39
P I X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24950

State File No. _____

FILED AUG 10 1942
-65-270

Registration District No. _____ Primary Registration District No. 5862 3050 Registrar's No. 44

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

1. PLACE OF DEATH: Pemiscot
 (a) County Pemiscot
 (b) City or town Caruthersville town
 (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 _____ (Specify whether)
 In this community 35 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot
 (c) City or town Caruthersville, Mo., Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. K.R. I
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lillie Dudley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased June 25, 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 0 15 hr. _____ min.

9. Birthplace Covington, Tennessee
 (City, town, or county) (State or foreign country)

10. Usual occupation House-wife

11. Industry or business _____

12. Name Joe Barnes

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

14. Maiden name Unknown

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

16. (a) Informant Myrtle Wattles

(b) Address Caruthersville, Mo. K.R. I

17. (a) Burial (b) Date thereof 7/11/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville

18. (a) Signature of funeral director H. S. Smith

(b) Address Caruthersville, Mo.

19. (a) 7-11-1942 (b) Jessie N. Markey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th,
 year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 5,
 1942, to July 9, 1942
 that I last saw her alive on July 9, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism 2 hours

Due to fracture of femur + clot formation Right leg 1 wt

Due to _____

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

Major findings: Of operations _____
 Of autopsy _____

Duration
 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? _____ (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) (e) Means of injury _____
 23. Signature J. H. Smith (M. D. or other) MD
 Address Caruthersville Date signed 7/15/42

8-42-26

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, XXX
....., Registered Apprentice No.
working under my personal supervision.

Signed James A. Osburn
Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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, fact should be so stated above.