

S. No. 1-10
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27859

State File No.

FILED SEP 10 1942
Registration District No. 4398-2-4

Primary Registration District No. 2-694398

Registrar's No.

78
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Prima Scott
(b) City or town Walden, Miss.
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community no years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss. (b) County Franklin
(c) City or town Walden
(If outside city or town limits, write "RURAL")
(d) Street No. no (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME Deft Block
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 18 year 1942 hour 11 minute AM
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex m 5. Color or race col 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death 2000

8. AGE: Years 79 Months _____ Days _____ If less than one day hr. _____ min. _____
9. Birthplace Miss. (City, town, or county) (State or foreign country)

Due to found dead
Due to path resp
Other conditions (include pregnancy within 3 months of death)

10. Usual occupation farmer
11. Industry or business
12. Name dent now
13. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Shunt ordered
Of operations Shunt ordered
Of autopsy body moved to
Walden, Miss. - 4000 level

14. Maiden name Leoline
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Rev M. C. Block
(b) Address Walden Ark
17. (a) _____ (b) Date thereof 8 20 42 (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Leasly & Cobb
(b) Address 420 2nd St
19. (a) _____ (b) _____ (Date received from 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 Aug - 18 - 1942
(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? at home
While at work? no (Specify type of place) (e) Means of injury stroke
23. Signature 9 (M. D. or other) _____
Address _____ Date signed _____

9-1-42 CB Limbaugh (Licensed Embalmer's Statement on Reverse Side)

9-42-14

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 me
For Daniel working under my personal supervision.

Registered Apprentice No. 409

Signed William J. Cook

Licensed Embalmer No. 409

P. O. Address Plymouth, Cal.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 269 Primary Registration District No. 4398 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Holland S.S. Rural
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Jeff Black
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 79 Months _____ Days _____ (If less than one day _____ min.)

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

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

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction
due to atherosclerosis
of the coronary arteries
with him
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
2002

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Heart Trouble
(b) Date of occurrence Aug 68 1942
(c) Where did injury occur? Holland Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in bath tub (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Dr. Wm. Baugh M. D. or other Reg. _____
Address _____ Date signed _____

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

SUPPLEMENTARY

