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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37665

Registration District No. 238 — Primary Registration District No. 5821 — Registrar's No. 90

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town Rural - Big Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Matthews, Mo. Rt. # 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 30 yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 72

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

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Matthews, Mo. Rt. # 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lena White

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race Col. 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 21, (Day) 1890 (Year)

8. AGE: Years 51 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Union Spring (City, town, or county) Ala. (State or foreign country) 1

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Andrew Scott
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Percy White
(b) Address Matthews, Mo. Rt. # 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) Nov. 6, 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 4
year 1942 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from 9-28, 1942 to 10-4, 1942
that I last saw h[illegible] alive on 10-3, 1942
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Myocarditis | 10 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

93 1

Major findings:
Of operations
Of autopsy

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 J. M. Waters (M. D. or other)
Address Sikeston Date signed 10-6-42

10 81

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**
District Health Office No. 2,
District File Number 1242-1563
Date Filed 12-11-42

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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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston, 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.**