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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7193

State File No.

FILED MAR 10 1943

Registrar's District No. 4 Primary Registration District No. 594-4401 Registrar's No.

1. PLACE OF DEATH

(a) County: Pemiscot

(b) City or town: Pascola, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Pemiscot

(c) City or town: Pascola
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country: /

3. (a) PRINT FULL NAME: Delois Lavine Shoop

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: /

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 1-18-43 (Month) (Day) (Year)

8. AGE: Years: / Months: 15 Days: If less than one day: hr. min.

9. Birthplace: Pascola, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

12. Name: Carl J. Shoop

13. Birthplace: Bragg City Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Estella Lavine Cooper

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Carl J. Shoop

(b) Address: Pascola, Mo.

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

(c) Place: burial or cremation: Funeral

18. (a) Signature of funeral director: Funeral

(b) Address:

19. (a) 3-3-43 (Date received by local registrar) (b) Mrs. J. R. Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 3rd. year: 1943 hour: 1:00 AM minute: M.

21. I hereby certify that I attended the deceased from 3-1- 1943 to 3-3- 1943 that I last saw him alive on 3-2- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia — Duration: 5 days

Due to: (no complications)

Due to:

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

Major findings:
Of operations: 107

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: [illegible] (M. D. or other)

Address: Hayti, Mo. Date signed: 3-3-43

571

(Licensed Embalmer's Statement on Reverse Side)

2-43-153

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.....

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.