

FILED MAY 12 1943

Registration District No. _____

Primary Registration District No. 5423

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Sumner Salem
(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 _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME Bobby Joe Best
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Mar. 13 - 1943
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Joe Kayode Best

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

14. Maiden name Alford, Ruthing

15. Birthplace Sumner, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Kayode Best

(b) Address Sumner, Mo.

17. (a) Burial (b) Date thereof 3-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul

18. (a) Signature of funeral director W. H. Parrot

(b) Address Sumner, Mo.

19. (a) 4-28-43 (b) H. O. Starnes
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Sumner Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1943 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from Birth
March 13 1943 to March 13 1943;
that I last saw him alive on March 12 1943 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
possible injury at birth
Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (z) Means of injury _____

23. Signature M. C. Blazyn (M. D. or other)
Address Cardwell Date signed 3-12-43

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

RECEIVED

District Health Office No. 2,

District File Number 543-671

Date Filed 5-11-48

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.