

FILED AUG 16 1943

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 28

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Madison
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Craighead
(c) City or town Jonesboro
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Thomas Touey
3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Male 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 Feb. 5 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Nichel Touey
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Edmondson
15. Birthplace New Madrid County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Touey

(b) Address Jonesboro, Ark. Rt. 4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Monette Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Jonesboro, Arkansas

19. (a) 8-9-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 43 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 15 1943, to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemage. Duration _____
on June 6 -
Second Hemage -
Due to High Blood Pressure

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.

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?

23. Signature [Signature] (Specify type of place) (e) Means of injury _____
Address [Signature] Date signed June 13 1943

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

RECEIVED

District Health Office No. 2,

District File Number 8-13-1021

Date Filed 8-11-43

*Please put in with me
I am not in
for Perkins
Department*

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.