

X32873

FILED SEP 10 1943

Registrar's No. 227

Registration District No. 277

Primary Registration District No. 4339

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

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CHERRY ST. 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 55 gm years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. CHERRY ST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LIZZIE GIVENS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE 5. Color or race 3 NEGRO 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife PEARL GIVENS 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased JAN. 16, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business
MOTHER FATHER { 12. Name SHEPARD CARROL
13. Birthplace N. K. 1
(City, town, or county) (State or foreign country)
14. Maiden name N. K.
15. Birthplace N. K. 9
(City, town, or county) (State or foreign country)

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

17. (a) BURIAL (b) Date thereof 8-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NUT GROVE

18. (a) Signature of funeral director Spalding
(b) Address PARIS, MO.

19. (a) 8-30-43 (b) Mayme Sutton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 29
year 1943 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 26
1943 to Aug 29 1943
that I last saw her alive on Aug 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia - rt. side Duration 1 wk.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83d

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?

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

23. Signature F. A. Barnett (M. D. or other) MD.
Address PARIS, MO. Date signed 8-30-43

APR 9 1958

RECEIVED

Health Officer No. 10

Health File Number 9-43-1480

Date Filed SEP 9 1943

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 *Al. Blakey*
Licensed Embalmer No. *3416*
P. O. Address *Louis, 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.