

S. No. 2
DM-5-42
Rev. 5-17-39

34049

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 10 1943 7
Registration District No. 2

Primary Registration District No. 5089

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Pleasant Gap top Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 yrs (Specify whether years, months or days)

In this community 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates ?

(c) City or town Pleasant Gap top rural
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ESTELLA H. PYEATT

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1943 hour 7 minute 10 ad

4. Sex f 5. Color or race w

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

6. (b) Name of husband or wife W.E. Pyeatt

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb 15 1880
(Month) (Day) (Year)

20. I hereby certify that I attended the deceased from MO 10 1943 to Oct 17 1943 that I last saw her alive on Oct 16 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 8 Days 2 If less than one day hr. min.

Immediate cause of death Carcinoma of uterus

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

Due to

Due to

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Larry Rickett

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Sharp

15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

16. (a) Informant Earl Pyeatt

(b) Address Butts, Mo

17. (a) burial (b) Date thereof Oct 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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?

18. (a) Signature of funeral director Pauline

(b) Address Butts, Mo

19. (a) Oct 20, 1943 (b) Pauline Compton
(Date received local registrar) (Registrar's signature)

23. Signature L. D. Hartman (M. D. or other) md

Address Butts, Mo Date signed 10-18-43

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
5
0

1306

RECEIVED

District Health Officer No. 7,

District No. 10-43-12/5-

11-9-43

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.....

C. E. Culow

Licensed Embalmer No.....

2576

P. O. Address.....

Butte 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.