S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21002

State File No.

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Little Prairie Twp
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78 0

(c) City or town Rural Little Prairie Twp
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY E THOMPSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 9th (Day) 1872 (Year)

8. AGE: Years 73 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Portageville, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Meatte
13. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Do Not Know
15. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Miles Lewis
(b) Address Braggadocio, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Missouri

19. (a) 6-8-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 5/23 1945 to 5/23 1945 that I last saw her alive on 5/23 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart — Duration Few hours

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — 950 4

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 L. D. Denton (M. D. or other) M.D.

Address Hayti Mo Date signed 6/8-45

(Licensed Embalmer's Statement on Reverse Side)

6-45-143

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 ..... E. E. White .....

Licensed Embalmer No. ..... 4168 .....

P. O. Address ..... Learthersville, 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.