No. 2
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1721

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3559

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home 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 About 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville, 1
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bernice Watts Caughin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Negro

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased December (Month) 14, (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	0	26	hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name C. S. Watts
13. Birthplace Vossburg, (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Hattie McDonald
15. Birthplace Lumberton, (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant C. S. Watts
(b) Address Lumberton, Mississippi

17. Removal-transit (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lumberton, Miss.

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

19. (a) 1-17-46 (Date received local registrar) (b) Tressie B. Weeks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

940

Duration

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 Walter Duncan acting Coroner (M. D. or other)
Address Caruthersville, Mo. Date signed 1/11/46

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(Licensed Embalmer's Statement on Reverse Side)

1-46-8

Jan 10
3050 . 270

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~~, ~~under~~ Gill Ford, Registered Apprentice No. 386 working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrollville, 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.