

FILED MAR 14 1947
270

Registration District No. _____

Primary Registration District No. 3050

Registrar's No. 13

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:
1202 Adams
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Lifetime
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. 1202 Adams 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Evelyn Ruth Story
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 11 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 11 17 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business X

MOTHER FATHER
12. Name William Robert Story
13. Birthplace Eving Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Mae Welch
15. Birthplace Jonesboro Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Mae Story
(b) Address Caruthersville, Mo.

17. (a) Burial _____ (b) Date thereof March 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Cemetery

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

19. (a) 3-10-47 (b) Jessie B. Wicks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1947 hour 11 minute _____ p.m.

21. I hereby certify that I attended the deceased from Feb. 28, 1947, to Feb. 28, 1947
that I last saw her alive on Feb. 28, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peripheral Circulatory Failure

Due to Moderately Severe Postpartum Hemorrhage

Due to Birth of Child 5:30 P.M., Feb. 28 1947

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 46

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? _____

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

23. Signature J. R. Pisoni (M. D. or other) 0
Address Caruthersville, Mo. Date signed 3-1-47

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

3-47-99

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.....

William D. Pike

....., Registered Apprentice No. *440*

working under my personal supervision.

Signed.....

James A. Osburn

..... Licensed Embalmer No. *4185*

..... P. O. Address *Caruthersville, 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.