

FILED NOV 12 1947

Registration District No. _____

Primary Registration District No. 3050

Registrar's No. 74

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life-time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Edith Gray Waddell

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1947 hour 7 minute 30 A.M.

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: October 4, 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 24, 1947, to Oct 31, 1947; that I last saw her alive on Oct 31, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Cholera (Dysentery 1 week)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>0</u>	<u>28</u>	_____ hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business X

MOTHER FATHER { 12. Name Charles Wilks

13. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Virgie Lee Swaner

15. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Waddell

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 11/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

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 A. S. Smith, Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 11-8-47 (b) Frederic B. Wickel
(Date received local registrar) (Registrar's signature)

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

23. Signature A. D. Smith, M.D. (M. D. or other) _____
Address Caruthersville, Mo. Date signed 11/1/47

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

78
1
21

11-47-306

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. Fike

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.