

S. No. 2  
M-2-43  
47-39  
P 1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9624

State File No. \_\_\_\_\_

FILED MAR 29 1948

Registration District No. 270

Primary Registration District No. 3058

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Caruthersville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Sawyers Addition  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 17 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Caruthersville, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 409 E. 12th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

SARAH WILSON

3. (b) If veteran, name war. X

3. (c) Social Security No. X

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased January  
(Month)

1911  
(Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>37</u>	<u>2</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Martin

13. Birthplace Oneida, Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Hill

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

16. (a) Informant Willie Mae Givens

(b) Address 409 E. 12th Street

17. (a) Buried (b) Date thereof 3-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 3-25-48 (b) Theresa B. Weeks  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th  
year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3-13-48 19\_\_\_\_ to 3-14-48 19\_\_\_\_  
that I last saw her alive on 3-13-48 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation Duration 6 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature D. W. Cook (M. D. or other) M.D.  
Address Caruthersville, Mo. Date signed 3-19-48

(Licensed Embalmer's Statement on Reverse Side)

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

78  
1  
2

3-48-101

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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..... *James A. Osburn* .....

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

P. O. Address *Parthursville, Ma* .....

**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.**