

FILED JUL 2 1948

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **12**

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:
403 East 12th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
(Specify whether years, months or days)
In this community **58 Years**

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") **2**
(d) Street No. **403 East 12th. Street**
(If rural, give location) **8**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Georgia Shaw**
(b) If veteran, name war **X**
(c) Social Security No. **X**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **12**
year **1948** hour **8** minute **45** P. M.

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **XXXX**
6. (c) Age of husband or wife if alive **XX** years

21. I hereby certify that I attended the deceased from **April 21, 1948** to **June 12, 1948**;
that I last saw **her** alive on **June 9, 1948**, 19___;
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis**
Duration

8. AGE: Years **About 74** Months Days If less than one day
hr. min.

Due to
Due to

9. Birthplace **Shelby County Tennessee**
(City, town, or county) (State or foreign country)

Other conditions **Extreme old age.**
(Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

11. Industry or business **X**

12. Name **Tom Bolton**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Sanders**

15. Birthplace **Tennessee Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. T. Tillman**

(b) Address **403 East 12th. Street**

17. (a) **Burial** (b) Date thereof **June 16 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Morgan Ridge**

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

(b) Address **Caruthersville, Mo.**

19. (a) **6-22-48** (b) **James B. Welch**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations
Of autopsy **an**
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) (Specify type of injury)
23. Signature **[Signature]** (M. D. or other) **6-21-48**
Address Date signed

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

6-48-190

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 *Barre, Vermont*

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.