

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 120

FILED SEP 30 1948
Registration District No. 227

Primary Registration District No. 5422

29370

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Mo-R1 IND. TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
3
(If not in hospital or institution, write street number or location)

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

In this community Three Days
years, months or days

3. (a) PRINT FULL NAME Lucille Cartwright

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 3 5. Color or race B. Col. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 11 8 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>13</u>	hr. _____ min.

9. Birthplace Eads Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Jim Gray

13. Birthplace Eads Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Marry Gray

15. Birthplace Eads Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Hubbard

(b) Address 325 Cotton Wood St Memphis Tenn

17. (a) Burial (b) Date thereof 9-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill Cem

18. (a) Signature of funeral director Southern Funeral Home

(b) Address Memphis Tenn

19. (a) 9-22-48 (b) Carl Hubbard
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Shelbey 999

(c) City or town Memphis 70
(If outside city or town limits, write "RURAL")

(d) Street No. 2882 Autumn St 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Sept
year 1948 hour 11 minute 45 AM

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 Cerebral Hemorrhage Duration _____

Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings: 830

Of operations _____

Of autopsy _____

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 3

23. Signature Walter A. Hubbard Coroner

Address Memphis Tenn Date signed 9-21-48

RECEIVED

District Health Office No. 2,

District File Number 948-1231

Date Filed 9-28-48

SEP 30 1948

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 Walter A Hawbin

Licensed Embalmer No. 2002

P. O. Address Kennett 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.