

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 63

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: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether
In this community Life
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. 1001 Bell Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Daniel Sanchez

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male 5. Color or race w
6. (a) Single, widowed, married 0 divorced single
6. (c) Age of husband or wife if alive _____ year _____
7. Birth date of deceased May 14 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business

12. Name Selaz Sanchez
13. Birthplace Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Method Jordan
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Selaz Sanchez
(b) Address Caruthersville, Mo.
17. (a) Burial (b) Date thereof 9-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bayou Rouge La
18. (a) Signature of funeral director W. J. ...
(b) Address Caruthersville, Mo.
19. (a) 9-25-48 (b) Fresia B. Mabe
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1948 hour 9 minute 25 A.M.
21. I hereby certify that I attended the deceased from May 14 1948 to Sept 22 1948
that I last saw him alive on Sept 22 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Dysentery
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Duration 2 days

Major findings: Of operations none
Of autopsy none

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) (r) Means of injury 0
23. Signature C. Carter (M. D. or other) 340
Address Caruthersville, Mo. Date signed 9/24/48

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

9-48-269

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 Boyd B. Willis
Licensed Embalmer No. 4603
P. O. Address Caruthersville, M

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.