

FILED NOV 29 1948

Sargent

333

Primary Registration District No.

3074

Registration District No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Matthews, Mo. R. F. D. #3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Flossie Bell Taber

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

3. (c) Social Security No.....

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married; divorced S
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 11 9 1948
(Month) (Day) (Year)

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

9. Birthplace Sikeston Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business.....

MOTHER FATHER

12. Name Burl Taber
13. Birthplace Lundsford Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Eva Lancaster
15. Birthplace Matthews Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Burl Taber
(b) Address Matthews, Mo. R. F. D. #1

17. (a) Burial (b) Date thereof 11/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 11-23-48 (b) M. D. Sargent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1948 hour 5 minute 45 p. M.

21. I hereby certify that I attended the deceased from 11-9-48
to 11-9-48 1948

that I last saw her alive on 11-9-48 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to Prematurity - or immaturity

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... 159 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) Means of injury

23. Signature Alfred Sargent (M. D. or other) M.D.
Address Sikeston, Mo. Date signed 11-13-48

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

RECEIVED

District Health Office No. 2.

District File Number 1148-1576

Date Filed 11-28-48

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *John Alenton*

Licensed Embalmer No. 2941

P. O. Address *Alenton*

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.