

No. 300  
10. 48

FILED JAN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2065

BIRTH NO. 92 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No.

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	c. LENGTH OF STAY (In this place) 20 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caruthersville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: E. 16th, St.		d. STREET ADDRESS (If rural, give location) E. 16th, St.	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ellie c. (Last) Nail			4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1919		9. AGE (In years last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Will Nail		13b. MOTHER'S MAIDEN NAME Lucy Gibson		14. NAME OF HUSBAND OR WIFE Mary Virginia Nail	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eli Nail Caruthersville			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned In House Fire				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Go all the way				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Caruthersville, Pemiscot, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-2-49 2 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? House burned			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Osburn, Coroner 3		23b. ADDRESS Caruthersville, Mo.		23c. DATED SIGNED 1-3-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-4-49	24c. NAME OF CEMETERY OR CREMATORY Maple	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.		
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DATE REC'D BY LOCAL REG. 1-4-1949	REGISTRAR'S SIGNATURE Lillian B. Wilkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. L. Smith Funeral Home Caruthersville, Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

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1-49-14

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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.....

*Body was not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*James A. Osburn*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4185*

P. O. Address *Southwick, 7th*

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.