

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 604

Primary Registration District No. 5798

1. PLACE OF DEATH:  
 (a) County New Madrid Marston 2  
 (b) City or town New Madrid Marston  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County New Madrid  
 (c) City or town Marston, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LOU MOORE - 600  
 (b) If veteran, name war V  
 (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. 8 day \_\_\_\_\_ year 1939 hour 8 minute P. M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
 (b) Name of husband or wife Harve Moore  
 6. (a) Single, widowed, married, divorced Married  
 (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased July 15, 1877 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

8. AGE: Years 61 Months 1 Days 23  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Apoplexy  
(In Hospital)  
 Due to \_\_\_\_\_

9. Birthplace Williamson Co. Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Keeping house

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Carter Henshaw  
 13. Birthplace Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Turner  
 (b) Address Wisho, Mo.

17. (a) Burial (b) Date thereof Sept. 10-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wounds cemetery

18. (a) Signature of funeral director Frank J. Shelly  
 (b) Address East Platte, Mo.

19. (a) 9/12/39 (b) Wm. O. Sainson  
 (Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature W. J. Sainson (M. D. or other) \_\_\_\_\_  
 Address New Madrid Mo. Date signed 9/10/39

PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2,

District File Number 1639-239

Date Filed 10-4

7 1981

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.



THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY  
RESEARCH REPORT

NO. 1000

BY

ROBERT M. HAYES

AND

WALTER H. RAY

AND

ROBERT M. HAYES

AND

WALTER H. RAY

AND

ROBERT M. HAYES

AND

WALTER H. RAY

AND

ROBERT M. HAYES

AND

WALTER H. RAY

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