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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40341
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid 2
(b) Township ~~New Madrid~~ 1
or
(c) City New Madrid
Registration District No. 604
Primary Registration District No. 4358
Registered No.
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. , ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 256 Unnamed Infant (Dismore
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County Mo.

FATHER
13. NAME Harvey Dismore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Ville Mo.

MOTHER
15. MAIDEN NAME Geneva Puckett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laforge Mo

17. INFORMANT (ADDRESS) Harvey ~~Puckett~~ Dismore New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mounds New Madrid DATE Oct 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) —

20. FILED 11-29 1939 Wm O'Bannon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1939, to , 19
I last saw him alive on 10-23, 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Triscelis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. T. Edmundson, M. D.
(Address) New Madrid

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 1239 390
Date Filed 12-4

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 con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.