

63 DEC 18 1939

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

40362

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Co Registration District No. 821
 (b) Township East Primary Registration District No. 5801 Registered No. _____
 (c) City _____ (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

(a) Residence, No. _____ St. 4 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-6-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
✓ ✓ ×

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) New Madrid
 (STATE OR COUNTRY) Mo

13. NAME H. L. Newman

14. BIRTHPLACE (CITY OR TOWN) New Madrid Co
 (STATE OR COUNTRY) Mo

15. MAIDEN NAME Clara Andrus

16. BIRTHPLACE (CITY OR TOWN) Morehouse
 (STATE OR COUNTRY) Mo

17. INFORMANT H. L. Newman
 (ADDRESS) Seidston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 11-7-39

19. FUNERAL DIRECTOR (NAME) F. A. Simpson
 (ADDRESS) Seidston

20. FILED 12-6 1939 W. H. Resnick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1939 to Nov 6 1939
 I last saw him alive on dead 1939. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

This child had been dead 3 or 4 days before birth. Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) A. G. Mayfield M. D.
55 (Address) Seidston Mo

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.

RECEIVED

District Health Officer No. 2,

District File Number 1239-408

Date Filed 12-8

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

G. A. Dempster

Licensed Embalmer No. 2071

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.