

JAN 15 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44109

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 274
 (b) Township Lelouin Primary Registration District No. 4063
 (c) City Lelouin (d) Street No. _____
 (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. 261 Melrose St. 1
 (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) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-12-82
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
17 5 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Say work
 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) Palmyra
 (STATE OR COUNTRY) Ark.

13. NAME Arthur Ashcroft
 14. BIRTHPLACE (CITY OR TOWN) Casa
 (STATE OR COUNTRY) Ark.

15. MAIDEN NAME Edith Turney
 16. BIRTHPLACE (CITY OR TOWN) Casa
 (STATE OR COUNTRY) Ark.

17. INFORMANT Arthur Ashcroft
 (ADDRESS) Lelouin Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cooler DATE 11-27 1939

19. FUNERAL DIRECTOR (NAME) Hell Bros
 (ADDRESS) Lelouin Mo.

20. FILED Nov 26 1939 E. E. Jones
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Crushed head
cause by car wreck.

Other contributory causes of importance: 21 P.

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? accident Date of injury Nov 25 1939

Where did injury occur? Lelouin Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury car turned over. Crushing head.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) P. Richards Jr Coroner Mo.

(Address) New Madrid Mo.

RECEIVED

District Health Officer No 2,

District File Number 140-523

Date Filed 1-12

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.....

A. C. Hill....., Registered Apprentice No.....
working under my personal supervision.

Signed A. C. Hill.....

Licensed Embalmer No. 2627

P. O. Address Lilbourn Mo

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.