

JUL 15 1940 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town New Madrid  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 49-7 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANDREW LEACE, JR

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased Aug 18 1890 (Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 7 If less than one day hr. min.

9. Birthplace New Madrid, Mo (City, town, or county) (State or foreign country)

10. Usual occupation None - Blind

11. Industry or business No

12. Name Andrew Leace

13. Birthplace Nashville, Tenn (City, town, or county) (State or foreign country)

14. Maiden name Mandy Carr

15. Birthplace New Madrid, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mandy Leace (b) Address New Madrid, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Finger's Chapel

18. (a) Signature of funeral director T. P. Richards Jr

(b) Address New Madrid, Mo

19. (a) 5/31/40 (Date received from registrar) (b) Wm C Bannan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour 4:00 minute 0 M.

21. I hereby certify that I attended the deceased from 5-6-40 to 5-25-40 that I last saw him alive on 5-24 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia from very large Rectal Abscess

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 5-33 (Specify type of place)

While at work? No (e) Means of injury \_\_\_\_\_

23. Signature W. C. Bannan (M. D. or other) \_\_\_\_\_  
Address New Madrid, Mo Date signed 5-25-40

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

72  
7  
0

RECEIVED

District Health Officer No. 2

District File Number 640-1168

Date Received 6/29/40

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.....

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

Signed Leo Hedyguth  
Licensed Embalmer No. 3803

P. O. Address West Mead, Md.

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.