

Registration District No. **607** Primary Registration District No. **4361** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Portageville, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT

FULL NAME **Velma Anderson** **536**  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **+** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug 11** **9** **40**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days **2** If less than one day **12** hr. \_\_\_\_\_ min.

9. Birthplace **Near Portageville, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Noble Anderson**  
13. Birthplace **Miss**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rosie Hopkins**  
15. Birthplace **Ala**  
(City, town, or county) (State or foreign country)  
**Noble Anderson**

16. (a) Informant: **Portageville, Mo.**  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof **Aug 12 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New Prospect**

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) **Aug 11 1940** (b) **Mary W. Cook**  
(Date recorded by legal registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**  
(c) City or town \_\_\_\_\_  
(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 **Aug** day **11th**, **40**  
year **1940** hour **4 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Saw it a few minutes before death**, 19 \_\_\_\_\_  
that I last saw her alive on **Aug., 11, 40**, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Bled to death at cord**  
**Colored midwife**

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

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

Other conditions **None**  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **A. A. Pender** (M. D. or other) **1**  
Address **Portageville, Mo** Date signed **8/12/40**

RECEIVED

District Health Officer No.

District File Number 940-16

Date Filed 9/5/4

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 comply with the above constitutes grounds for revocation of license.)**

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