

Registration District No. **604**

Primary Registration District No. **430-8**

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 **No**
In this community **About 70 years**
years, months or days

3. (a) PRINT FULL NAME **MARTHA ANDERSON**

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

4. Sex **FEMALE** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **HENRY ANDERSON** 6. (c) Age of husband or wife if alive **No** years
7. Birth date of deceased **Dec 11-1865**
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **UNK.** **MISS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE** **1**

11. Industry or business **No**

MOTHER FATHER { 12. Name **FERRY BLACKEN** **0**
13. Birthplace **NEW MADRID** **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **UNK.** **UNK.**
15. Birthplace **UNK.** **UNK 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **EMMA HAWKINS**
(b) Address **NEW MADRID MO**

17. (a) **BURIAL** (b) Date thereof **NOV. 24 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FANNIE POWELL**

18. (a) Signature of funeral director **Richards and Co.**

(b) Address **New Madrid Mo.**

19. (a) **11-26-40** (b) **Wm. O'Bannon**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **New Madrid**
(c) City or town **New Madrid**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22**
year **1940** hour **3:15** minute **P.M.**

21. I hereby certify that I attended the deceased from **Aug 10 1940**
_____, 19____, to **Nov. 22**, 19____

that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility** Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (e) Means of injury _____

23. Signature **DE [Signature]** (M. D. or other) **1**

Address **New Madrid Mo** Date signed **11-25-40**

RECEIVED

District Health Officer No. 2

District File Number 1240-172

Date Filed 12/2/40

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 Hedgcock
working under my personal supervision.

Registered Apprentice No.....

Signed

Leo Hedgcock

Licensed Embalmer No. 3803

P. O. Address: New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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