

Registration District No. **1004**

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 9 (Specify whether  
 In this community No years, months or days)

**3. (a) PRINT FULL NAME** Mary Missouri  
**8. (b) If veteran, name war** No **3. (c) Social Security No.** 110

**4. Sex** female **5. Color or race** col **6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** John Missouri **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** about 1873  
 (Month) (Day) (Year)

**8. AGE:** Years about 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ (City, town, or county) Texas (State or foreign country)

**10. Usual occupation** House Wife

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

**MOTHER FATHER**  
**12. Name** Tom Jackson 9  
**13. Birthplace** Miss (City, town, or county) (State or foreign country)  
**14. Maiden name** Miss 9  
**15. Birthplace** Miss (City, town, or county) (State or foreign country)

**16. (a) Informant** John Missouri  
**(b) Address** Portageville, R. 1.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** Feb 25, 1941  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** community cemetery

**18. (a) Signature of funeral director** H. Richards Jr  
**(b) Address** New Madrid, Mo

**19. (a)** 2/26/41 **(b)** Wm O Benson  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. **(b) County** New Madrid  
 (c) City or town Portageville, R. 1. 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 22 year 1941 hour 5:15 minute 0 M.  
**21. I hereby certify that I attended the deceased from** Nov 1940 to Feb 22, 1941  
 that I last saw her alive on Feb 21, 1941  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Cerebral thrombosis Duration 3 days

Due to Hypertension  
arterio-sclerosis 1 yr  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 9/20

**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?

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

**23. Signature** D. P. Richards (M. D. or other) D  
**Address** New Madrid, Mo **Date signed** 2-26-41

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

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**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

*Geo. Hedgcock*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.**