

No. 2
-13-40
17-39
X23159

3555
78

State File No. _____

Registration District No. 25

Primary Registration District No. 6262

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Paducah
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town Paducah 72
(If outside city or town limits, write "RURAL") 00

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lily Mae WHITE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.H. White 6. (c) Age of husband 62 years alive

7. Birth date of deceased March 23 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>54</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____
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9. Birthplace Madison MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

12. Name Jim Livingston

13. Birthplace Madison MO
(City, town, or county) (State or foreign country)

14. Maiden name Helen Depue

15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant W.H. White

(b) Address Paducah

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ 541

(b) Address _____

19. (a) Dec 16-40 (b) Elizabeth Mumford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1940 hour 6:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-1-40 to 10-27-40, 19____; that I last saw h. per alive on 10-26-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/18

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? _____

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

23. Signature J.S. Hopkins (M. D. or other) M.D.

Address 105 28th 40 Date signed 10-28-40

RECEIVED

District Health Officer No. 2

District File Number 241-276

Date Filed 2/19/41

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, fact should be so stated above: