

JAN 25 1941

State File No. _____

Registration District No. 667Primary Registration District No. 5806Registrar's No. 1

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town Portageville Mo. Rt. I
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution none (Specify whether)
 In this community one year. years, months or days

3. (a) PRINT

FULL NAME William W. Aguin

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male5. Color or
race white6. (a) Single, widowed, married,
divorced Wm.6. (b) Name of husband or wife
Carrie Aguin6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March
(Month)1st 1884
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

561017

hr. min.

9. Birthplace

Tennessee
(City, town, or county)State
(State or foreign country)

10. Usual occupation

farming

11. Industry or business

12. Name unknown13. Birthplace unknown
(City, town, or county)

(State or foreign country)

14. Maiden name unknown15. Birthplace unknown
(City, town, or county)

(State or foreign country)

16. (a) Informant

William Aguin

(b) Address

Portageville Mo Rt. I17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

Jan 19, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Portageville Cemetery

18. (a) Signature of funeral director

W. H. Hines

(b) Address

Parma Mo.

19. (a)

Jan. 20, 1941
(Date received local registrar)(b) Mary W. Cook

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Mo (b) County New Madrid
 (c) City or town Portageville - Rt. I 72
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Jan
 year 1941 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from
Dec 20, 1940, to Jan 18, 1941
 that I last saw him alive on Jan 15, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic degenerative
phrenic endocarditis

Due to

Due to Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

- Of operations

Of autopsy

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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?
535

While at work?

(Specify type of place)

(c) Means of injury

23. Signature

Address

A. A. Ruder (M. D. or other)Date signed Jan 19, 1941

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

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.