

STANDARD CERTIFICATE OF DEATH

Registration District No. 604

Primary Registration District No. 5803 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 _____ (Specify whether)

In this community No years, months or days

8. (a) PRINT FULL NAME Sam Lynch

3. (c) Social Security No. none

8. (b) If veteran, name war none

4. Sex male 5. Color or race Cal

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Alab _____
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name unk

13. Birthplace unk _____ 9
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Lynch

(b) Address new Madrid mo

17. (a) Burial (b) Date thereof April 9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new Madrid mo

18. (a) Signature of funeral director Pa Richards

(b) Address new Madrid mo

19. (a) 4/11/41 (b) Wm O. Sisson
(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 mo
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1941 hour 2 minute 9 P. M.

21. I hereby certify that I attended the deceased from April 10, 1939, to April 5, 1941, that I last saw him alive on April 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Prostatic enlargement
Cistitis

Due to _____

Due to _____

Other conditions Myocardial Lesion
(Include pregnancy within 3 months of death)

Major findings: No

Of operations _____

Of autopsy _____

Duration _____

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) No

(b) Date of occurrence No

(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 W. L. Higgins (M. D. or other) _____

Address new Madrid mo Date signed April 9, 1941

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

2
4
0

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.....

Leo Hedgpeth

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.