

FILED MAY 21 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15287

Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid Registration District No. 55
(b) Township Anderson Primary Registration District No. 6262 Registered No. 69
(c) City Anderson Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary-Elizabeth Hearne
(a) Residence, No. New Madrid Co. Mo. Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Hearne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 - 1869
7. AGE YEARS 71 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER 13. NAME unknown, Larson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Emeline Mosley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Charlie Hearne

18. BURIAL, CREMATION, OR REMOVAL PLACE Stouffville DATE April 9, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lloyd Russell
Piggott Ark

20. FILED May 8, 1941 Jenna Mason Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1941 to April 9, 1941
I last saw her alive on April 1, 1941. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

aortic Regurgitation

Other contributory causes of importance: age

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury non
Nature of injury non

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify non

(Signed) Jenna Mason, M. D.
(Address) Anderson Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

1 X 10228

RECEIVED

District Health Officer No. 2

District File Number 541-61

Date Filed 5/20/41

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, above space should be left blank.