

Registration District No. 89

Primary Registration District No. 5134 B

Registrar's No. 213

1. PLACE OF DEATH:

(a) County Butler Asht. No. 11?
 (b) City or town New Madrid Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME CARA L. SUZ. BOYLES

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 0

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

7. Birth date of deceased Apr - 26 - 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 23 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Milo Boyles

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

14. Maiden name Priscilla

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

16. (a) Informant's own signature Milo Boyles

(b) Address Tallapoosa Mo

17. (a) Senath (b) Date thereof 5-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Mo

18. (a) Signature of funeral director T. W. Smith

(b) Address Senath Mo

19. (a) 5/22/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town TALLAPOOSA
(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. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1941 hour 11 minute 5 P. M.

21. I hereby certify that I attended the deceased from 5-15
 _____, 1941, to 5-16 _____, 1941;
 that I last saw her alive on 5-15 _____, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition

Due to _____
 Due to seven months child-

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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 A. L. Crump (M. D. or other) _____
 Address Senath Mo Date signed 5-17-41

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.

RECEIVED

District Health Officer No.

District File Number 646-7

Date Filed 6/6/41

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.