

Registration District No. 604

Primary Registration District No. 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 No  
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town New Madrid Mo 772  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
year 1941 hour 11:22 minute PM

21. I hereby certify that I attended the deceased from 6-13-41  
19... to 6-22-41 19...  
that I last saw him alive on 6-22-41 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 10 days

Due to 104  
Due to .....

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

Major findings:  
Of operations .....

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?  
533 (Specify type of place) (e) Means of injury .....

23. Signature [Signature] (M. D. or other)  
Address New Madrid Mo Date signed 6-25-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME WORKEMAN WADE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race Colored (a) Single (widowed) married, divorced Widowed

6. (b) Name of husband or wife MINNIE WADE 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased FEB 11 - 1895 (Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business No

12. Name Louis Wade

13. Birthplace New Madrid Mo (City, town, or county) (State or foreign country)

14. Maiden name Sallie Hunter

15. Birthplace New Madrid Mo (City, town, or county) (State or foreign country)

16. (a) Informant Meal Wade

(b) Address New Madrid

17. (a) Burial (b) Date thereof June 25 - 1941 (Month) (Day) (Year)  
(c) Place: burial or cremation Sandhill

18. (a) Signature of general director [Signature]  
(b) Address New Madrid Mo

19. (a) 6/30/41 (b) Wm O Bauman (Date received local registrar) (Registrar's signature)

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

72  
to

40

MOTHER FATHER

**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 Higginbotham*

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, fact should be so stated above.**