No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22257

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 About 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) Citizen of foreign country? C (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME EARNEST ALBERT LACROTTA

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race White

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

6. (b) Name of husband or wife FREDA LACROTTA

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased July (Month) 10 (Day) 1879 (Year)

8. AGE: Years 61 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Tailor

11. Industry or business —

MOTHER FATHER

12. Name ROCCO LACROTTA

13. Birthplace UNK. (City, town, or county) UNK. G (State or foreign country)

MOTHER

14. Maiden name UNK UNK

15. Birthplace UNK (City, town, or county) UNK. G (State or foreign country)

16. (a) Informant Demetra LaMalfa

(b) Address New Madrid Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid Mo.

19. (a) 7/17/41 (Date received local registrar) (b) Wm O Bruton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from Apr. 22 1941 to Apr 24 1941 and that I last saw him alive on Apr 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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)

While at work? (e) Means of injury

23. Signature D Edmundson (M. D. or other) C

Address New Madrid Date signed 7-16-41

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1941

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. Mt. Modrid.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.