

2
-4-41
17-39

X26390

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22260

State File No.

Registration District No. 607

Primary Registration District No. 4361

Registrar's No. 35

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(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)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour 2:00 minute 4 P.M.

21. I hereby certify that I attended the deceased from
19..... to 19.....

that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Right & Left Leg Broken, Crushed head, Broken Neck, Hit bridge on Highway #61
Due to in auto

Due to
Other conditions (include pregnancy within 3 months of death) 1702

Major findings: Of operations No
Of autopsy No

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME

Fred HAROLD MARR

3. (b) If veteran, name war 3. (c) Social Security No. 492-16-7604

4. Sex MAL ED 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ruth Mary 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 9
If less than one day hr. min.

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

10. Usual occupation Highway Employee

11. Industry or business

12. Name Henry H. Marr

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

14. Maiden name Jane Houston

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

16. (a) Informant Jess Marr
(b) Address Portageville Mo.

17. (a) Burial (b) Date thereof 6-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director John General
(b) Address Portageville Mo. 535
19. (a) 6-30-1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 23 - 1941

(c) Where did injury occur Portageville New Madrid, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway #61
(Specify type of place)

(e) Means of injury 3
While at work? Appt Occasion

23. Signature L. H. Hildreth June 27 - 1941
Address New Madrid (Date signed)

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

MOTHER FATHER

RECEIVED

District Health Officer No. _____

District File Number 241-80

Date Filed 7/3/41

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.....

Noel C. Dean....., Registered Apprentice No.....
working under my personal supervision.

Signed Noel C. Dean.....

Licensed Embalmer No. 3941.....

P. O. Address Portageville 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.