

No. 2
13-40
7-39
X23159

FILLED JUL 7 1941 607
Registration District No. _____

Primary Registration District No. 5806

Registrar's No. 30

1. PLACE OF BIRTH:

(a) County New Madrid
(b) City or town Conran Rural 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Conran Rural 11
(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? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
Year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 4, 1941, to June 7, 1941;
that I last saw her alive on June 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bacillary Dysentery (acute) Duration 4 days

Due to _____
Due to 2 27 W
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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?
(Specify type of place) _____
(e) Means of injury _____
23. Signature J. L. Conran (M. D. or other) M.D.
Address Portageville, Mo. Date signed 6-7-41

3. (a) PRINT FULL NAME Zola May Crowley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 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 Nov-21-1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Mantee Miss
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Joe Crowley

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

14. Maiden name Emma Jamison

15. Birthplace Play Co. Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Crowley

(b) Address Portageville, Mo. #1740

17. (a) Burial (b) Date thereof 8/8/1941
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conran - Rural

18. (a) Signature of funeral director J. L. Conran

(b) Address Portageville, Mo.

19. (a) 6-28-1941 (b) May W. Cook
(Date received local registrar) (Registrar's signature)

Accepted Embalmer's Statement on Reverse Side

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

RECEIVED

District Health Officer No. 2

District File Number 241-83

Date Filed 7/3/47

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.....

Not Embalmed

....., 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, fact should be so stated above.