Mr. Conrad

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22290

Registration District No. 607 Primary Registration District No. 5806 Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) ~~City or town~~ RUAL (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County New Madrid 72

(c) City or town RUAL (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME MINNIE PARTLOW

3. (b) If veteran, name war X

3. (c) Social Security No. YES

4. Sex FEMALE 3

5. Color or race COL

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN 16 1903 (Month) (Day) (Year)

8. AGE: Years 38 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business NON

FATHER
12. Name SCOTT SUNS
13. Birthplace MISS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LULA BLESSING
15. Birthplace MISS (City, town, or county) (State or foreign country)

16. (a) Informant ALICE MOORE

(b) Address PORTAGEVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/ 8 1941 (Month) (Day) (Year)

(c) Place: burial or cremation PORTAGEVILLE, MO

18. (a) Signature of funeral director [signature]

(b) Address Lilbourn Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 6, 1941

year hour 8 minute 50 Pm M.

21. I hereby certify that I attended the deceased from April, 1941, to July 6, 1941, that I last saw her alive on June 25, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix — Duration 1 yr.

Due to ?

Due to ? 48a

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? (Specify type of place)

5-35

While at work (e) Means of injury 0

23. Signature R. Conrad (M. D. or other) MD

Address Portageville, Mo Date signed 7-8-41

(Licensed Embalmer's Statement on Reverse Side)

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 G.R. Hill

Licensed Embalmer No. 2647.

P. O. Address Lilbourn MO

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

If this body is not embalmed, above space should be left blank.

No. 2B
4-25-41
I X27852

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STANDARD CERTIFICATE OF DEATH

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Registration District No. 607 Primary Registration District No. 5806 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Minnie Partlow
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive year

7. Birth date of deceased Jan (Month) 16 (Day) 1903 (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) July 9 1941 (Date received by local registrar) (b) Mary W. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1941 hour minute 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.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY