

FILED AUG 23 1941

Registration District No. 60

Primary Registration District No. 5802

Registrar's No. ....

1. PLACE OF DEATH:

(a) County *New Madrid*  
(b) City or town *Rural, New Madrid, Mo.*  
(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* years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *New Madrid*  
(c) City or town *Rural*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *East of Marston*  
(If rural, give location)  
(e) Citizen of foreign country? *0* (Yes or No)  
If yes, name country *0*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *30th*  
year *1941* hour *11* minute *15*  
21. I hereby certify that I attended the deceased from *July 15*  
*1941* to *July 30* 19*41*  
that I last saw her alive on *July 22nd* 19*41*  
and that death occurred on the date and hour stated above.  
Immediate cause of death: *Colitis*

Due to *120A*  
Due to *120A*  
Other conditions (Include pregnancy within 3 months of death):  
Major findings:  
Of operations:  
Of autopsy:

Duration

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?

While at work? (Specify type of place) (e) Means of injury:  
23. Signature *Edward M. Coff* (M. D. or other) *ED*  
Address *Marston mo* Date signed *7-30-41*

3. (a) PRINT FULL NAME

*LAURA HANEY*

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

4. Sex *FEMALE* 5. Color or race *Color* 6. (a) Single (widowed, married, divorced) *(2)*

6. (b) Name of husband or wife *Charley Haney* 6. (c) Age of husband or wife if alive *15* years (Month) (Day) (Year) *1927*

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years *64* Months *3* Days *15* If less than one day hr. min.

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

10. Usual occupation: *Housewife*

11. Industry or business:

MOTHER FATHER { 12. Name *unk*

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

14. Maiden name *unk*

15. Birthplace *unk* *unk* (City, town, or county) (State or foreign country)

16. (a) Informant *Calvin Haney*

(b) Address *Portogimills Rd B 83*

17. (a) *Burial* (b) Date thereof *July 2-1941* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Missoid*

18. (a) Signature of funeral director *Missoid*  
(b) Address *New Madrid, Mo.*

19. (a) *6-15-41* (b) *Wm O Bannan* (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2

District File Number 841-1139

Case Filed 8-19-41

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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Leo H. [Signature]*

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.