

No. 2
1-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35582

Registration District No. 607

Primary Registration District No. 4361

Registrar's No. 63

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville
(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 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(d) State Missouri (b) County New Madrid
(c) City or town Portageville
(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 Nancy Arminda Carrahan
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29
year 1941 hour 7 minute 30 p M.
21. I hereby certify that I attended the deceased from March 29 1929 to Oct 29 1941
that I last saw h. W alive on Oct 28, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 78 years
(Month) 29 (Day) 18 (Year) 63

Immediate cause of death
Due to Myocardial infarction
Due to Arteriosclerosis
Other conditions 7 all and injury of left hip. No fracture
Major findings: Of operations none
Of autopsy none

7. Birth date of deceased _____
8. AGE: Years 78 Months 1 Days 0
If less than one day _____ hr. _____ min.
9. Birthplace Wentworth Co. Ind.
(City, town, or county) (State or foreign country)

Duration 3 days
10 years
15-20 yrs
1 week
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business Housewife
12. Name John Thompson
13. Birthplace Ind
(City, town, or county) (State or foreign country)
14. Maiden name Betsy Ann Thompson
15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs M. O. McDonald
(b) Address Portageville Mo
17. (a) Burial (b) Date thereof 10/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery
18. (a) Signature of funeral director Edith Funeral Home
(b) Address Portageville Mo
19. (a) 11-19-1941 (b) Mary W. Coate
(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) _____
(b) Date of occurrence 072
(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? 0
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. C. Leonard (M. D. or other) M.D.
Address Portageville, Mo Date signed 10-30-41

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

NOV 24 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 Neil 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 607

Primary Registration District No. 4361

Registrar's No. _____

1. PLACE OF DEATH: New Madrid
 (a) County _____
 (b) City or town Portageville
(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 _____ (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 Nancy A. Canahan
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct Day _____ Year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

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

Immediate cause of death _____

7. Birth date of deceased Sept 29 1862
(Month) (Day) (Year)

Due to Myocardial infarction
Failure
By peritonitis

8. AGE: Years 78 Months 1 Days _____
(If less than one day _____ min.)

Due to Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation _____
 11. Industry of business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name _____
 { 13. Birthplace (City, town, or county) (State or foreign country)
 { 14. Maiden name _____
 { 15. Birthplace (City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____
(Burial, cremation, or removal)
 (c) Place: burial or cremation _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 10-20-41
 (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? Home

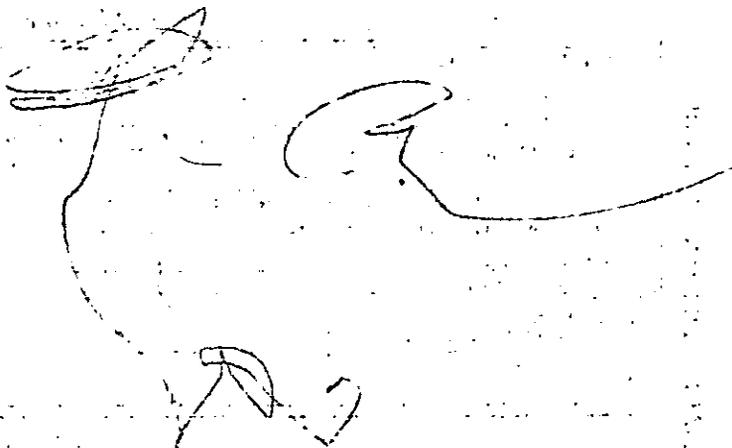
18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

While at work? NO (Specify type of place)
 (e) Means of injury fall from a ladder
 23. Signature R. C. ... (M. D. or other) _____
 Address Portageville, Mo Date signed 12/15/41

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

SUPPLEMENTARY

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



S-35582