

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38919

State File No. _____

Registration District No. 55

Primary Registration District No. 6262

Registrar's No. 102

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Hartzell Anderson 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)
In this community 24 years / (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Hartzell
(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 Dec day 1
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1941 to Dec 1, 1941
that I last saw her alive on Nov. 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Possible pulmonary Tbc

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 lb

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? _____

(Specify type of place) _____ While at work _____ (e) Means of injury _____

23. Signature Geo W. Rustis (M. D. or other) _____
Address Parma, Mo Date signed 12/3/41

3. (a) PRINT FULL NAME Betty Dildine

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

4. Sex female 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Luther Dildine 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 24, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Prentice County, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Vol. Eris

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

14. Maiden name D.K.

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Wildine

(b) Address Malden, Mo., Rt. 1

17. (a) burial (b) Date thereof 12-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo.

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden, Mo.

19. (a) Dec 8 41 (b) Geo W. Rustis
(Date received local registrar) (Registrar's signature)

538

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 12-41-1700

Date Filed 12, 12, 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.....

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.