

FILED FEB 20 1942

State File No.

Registration District No. 55

Primary Registration District No. 6262

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Hartsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Anderson Hospital
(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

3. (a) PRINT FULL NAME Unnamed Baby

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 18 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>1</u>	<u>12</u> hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name Beatrice Taylor

15. Birthplace Hartsville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Long

(b) Address Hartsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 20 - 42
(Month) (Day) (Year)

(c) Place: burial or cremation Stonfield Cem

18. (a) Signature of funeral director _____

(b) Address Hartsville Mo

19. (a) Jan 20 - 42 (Date received local registrar) (b) Blair Mason (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Hartsville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19
year 42 hour 11:40 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 18 1942 to Jan 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Malformation of Heart

Duration Birth

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1572

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 22

23. Signature Raydon Carlstrom (Date signed) Jan 19 42
Address W. Maupin

RECEIVED

District Health Office No. 2,

District File Number 242-240-

Date Filed 2-13-42

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.....

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.