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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3010

Registration District No. 684 Primary Registration District No. 5802 Registrar's No. 5

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural New Madrid Twp
(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 (Specify whether years, months or days)
In this community About 3 m.

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. 5 Miles N of New Madrid
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Luser Price Jr.
3. (b) If veteran, name war. No
3. (c) Social Security No. No
4. Sex M
5. Color or race C
6. (a) Single, ~~widowed, married, divorced~~ Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Sept (Month) 16 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
	2	26	____ hr. ____ min.

9. Birthplace New Madrid Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Luser Price
13. Birthplace New Port (City, town, or county) Ark. (State or foreign country)
MOTHER 14. Maiden name Olive Thomas
15. Birthplace (City, town, or county) Ark. (State or foreign country)
16. (a) Informant Luser Price
(b) Address Matthews, Mo. R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation La Forge
18. (a) Signature of funeral director No
(b) Address No
19. (a) Dec. 12, 1941 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1941 hour 2:00 minute a.m.
21. I hereby certify that I attended the deceased from ✓, 19__, to ✓, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
From Record	
Pneumonia	
Due to No Medical attendant	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

109

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 3

23. Signature Leo Hedgpeth Deputy Coroner (M. D. or other)
Address New Madrid Mo Date signed 12-12-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 142-57
Date Filed 1-16-42

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.....No.....

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, above space should be left blank.