

FILED MAY 12 1942
Registration District No. 5766

Primary Registration District No. 5766

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County: Mississippi
(b) City or town: Rural, Tappan 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 _____ (Specify whether)
In this community: About 6 weeks. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: New Madrid
(c) City or town: Rural, 4 miles S. of [unclear]
(d) Street No.: [unclear] Weyatt
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME: MARY COLE

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

4. Sex: FEMALE 5. Color or race: C 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: GEORGE COLE 6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: About 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>About 53</u>				hr. _____ min.

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

10. Usual occupation: HOUSEWIFE

11. Industry or business: _____

MOTHER FATHER { 12. Name: HENRY MATTHEWS

18. Birthplace: UNK. (City, town, or county) (State or foreign country)

14. Maiden name: UNK.

15. Birthplace: UNK. (City, town, or county) (State or foreign country)

16. (a) Informant: LE RAY COLE (b) Address: CHARLESTON, R.I.

17. (a) BURIAL (b) Date thereof: MAR 3 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: COMMUNITY

18. (a) Signature of funeral director: Richards UND-CO

(b) Address: New Madrid, Mo

19. (a) 3-5-42 (b) F. J. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1942 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 7 1942, to Feb 27 1942
that I last saw her alive on Feb. 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Renal colic and detached retina

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

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: Wilbur L. Davis (M. D. or other) MD
Address: Charleston Mo Date signed: 3-28-42

Duration: 6 weeks
PHYSICIAN: _____
Underlines the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 442-499

Date Filed 4-13-42

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

Leo H. Haggerty

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, above space should be left blank.