

FILED MAY 56 1942

Registration District No. 6084

Primary Registration District No. 5802

Registrar's No. 33

72
0
0

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(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 5 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME LARRY MOORE

8. (b) If veteran, name war No

3. (c) Social Security No. No

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 _____ years

7. Birth date of deceased MARCH - 1 - 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months _____ Days 15 If less than one day hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name ROBERT COOK

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

14. Maiden name UNK

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

16. (a) Informant Mattie Ellis

(b) Address New Madrid P.O. BELLS

17. (a) Removal Removal **(b) Date thereof** Mar. 16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark

18. (a) Signature of funeral director Harriemary Stearns

(b) Address Forest City, Ark.

19. (a) Date received local registrar Mar. 16 1942 **(b) Registrar's signature** Allice Spitzer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark. (b) County St. Francois

(c) City or town Forest City, Ark.
(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.? 9 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1942 hour 9:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from Feb 1 1942 to Mar 15 1942 that I last saw her alive on Mar 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arterio-sclerosis

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature E.E. Jones **(M. D. or other)** _____

Address Lelbourn Mo **Date signed** 3-16-42

1942
MAY 6

RECEIVED

District Health Office No. 2,

District File Number 442-448

Date Filed 4-10-42

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 Hedgcock

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.