

FILED MAY 27 1942

Registration District No. 004

Primary Registration District No. 4358

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid

(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

In this community About 70 years

years, months or days (Specify whether)

3. (a) PRINT FULL NAME RUBEN FROTTER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race COLORED

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

6. (b) Name of husband or wife Rochetta Frotter

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JUNE 1 - 1888

(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 26

If less than one day hr. min.

9. Birthplace LAKE CO, TENN

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name unk.

13. 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 Lottie Minner

(b) Address New Madrid, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof March 30 - 1942

(Month) (Day) (Year)

(c) Place: burial or cremation Community

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) 4/11/42

(b) Chas. Spitzer

(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County New Madrid

(c) City or town New Madrid, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. 474

(If rural, give location)

(e) Citizen of foreign country? No

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27

year 1942 hour 11:30 minute P.M.

21. I hereby certify that I attended the deceased from March 27, 1942, to March 27, 1942;

that I last saw him alive on March 27, 1942;

and that death occurred on the date and hour stated above.

Immediate cause of death No Medical Attended by All Record

Due to Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 932

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? Community

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) (e) Means of injury 7

23. Signature Geo Hedgcock - Deputy Coroner

(or other)

Address New Madrid, Mo Date signed 3/29/42

RECEIVED
District Health Office No. 2,
District File Number 542-563
Date Filed 5-12-42

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, fact should be so stated above.