

Registration District No. 604

Primary Registration District No. 4358

240  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community No years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town New Madrid 7  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME (Infant) Horton

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 ✓

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 29 1942  
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day           |
|---------|-------|--------|------|--------------------------------|
|         |       |        |      | <u>1</u> hr. <u>_____</u> min. |

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Dennis Horton

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

14. Maiden name Edna Shirley

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

16. (a) Informant Dennis Horton

(b) Address New Madrid Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 30 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation New Madrid Mo

18. (a) Signature of funeral director F. A. ...

(b) Address New Madrid Mo

19. (a) June 12, 1942 (Date received local registrar)

(b) Chas. Spider (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1942 hour 9 minute 0 M.

21. I hereby certify that I attended the deceased from death 19... to 19...  
that I last saw him alive on 5-29-42 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Pelvis -  
Entrapped liver of  
vesicoureteral Amp

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 159

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Chas. Spider (M. D. or other)

Address New Madrid Mo Date signed 6-12-42

RECEIVED

District Health Office No 2,

District File Number 742-838

Date Filed JUL 13 1942

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**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 Not Embalmed

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.**