No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21864

Registration District No. 5-8-061-09 Primary Registration District No. 42-615806 Registrar's No. 16

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portage Dist 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DEACESED: 72
(a) State Missouri (b) County New Madrid
(c) City or town Portage 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Catarina Ybarra
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race MEXICAN
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 FEB (Month) 15 (Day) 1942 (Year)
8. AGE: Years | Months 4 | Days 16 | If less than one day hr. min.
9. Birthplace Portageville (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Child.
11. Industry or business
FATHER
12. Name Salomon Ybarra
13. Birthplace Mission (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Jonaysion Zenaida
15. Birthplace Santoria (City, town, or county) Texas (State or foreign country)
16. (a) Informant Salomon Ybarra
(b) Address Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville
18. (a) Signature of funeral director Cashing
(b) Address
19. (a) July 7-42 (Date received local registrar) (b) Edith Largent (Registrar's signature)
110 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1942 hour 10:00 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
Ruptured all reaides
Myocarditis
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgpeth Deputy Coroner (M.D. or other)
Address New Madrid Date signed 7-1-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-854
Date Filed JUL 13 1942

SEAL REC

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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21864

Registration District No. 607 Primary Registration District No. 5806 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catarina Ybarra
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Mex
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 15 (Day) 1941 (Year)

8. AGE: Years — Months 4 Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day
year 1942 hour minute 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.

	Duration
Immediate cause of death Myocarditis	
Due to Congenital	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

15 yr!