

STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1942

State File No. ....

Registration District No. 004

Primary Registration District No. 4358

Registrar's No. 68

72  
4  
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, Mo.

(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 unk years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME FELIX ALBERT

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1942 hour 4:00 minute — P.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.

4. Sex M 2

5. Color or race C

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased About 1892  
(Month) (Day) (Year)

Immediate cause of death No Medical Attendant  
By all regard Typhoid  
Due to food Drapsy Ref  
legs and arms.

Due to —

8. AGE: Years about 50 Months — Days — If less than one day hr. — min. —

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

10. Usual occupation unk

11. Industry or business —

12. Name unk

13. Birthplace unk unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk unk 9  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 950

Major findings: Of operations —

Of autopsy —

PHYSICIAN —  
Underline the cause to which death should be charged statistically.

16. (a) Informant Early Woods

(b) Address Portogenille, Mo.

17. (a) Burial (b) Date thereof July 23 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County

18. (a) Signature of funeral director County

(b) Address —

19. (a) July 30, 1942 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Geo Hedymuth Deputy Coroner  
(M.D. or other)

Address New Madrid Date signed 7/23-42

RECEIVED

District Health Office No. 2,

District File Number 842-980

Date Filed 8-6-42

**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

*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.**