

FILED AUG 10 1942

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. 67

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 outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution: No.
(Specify whether years, months or days)

In this community: 1 month

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. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: NINA ENE BROWN

(b) If veteran, name war: _____

(c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21
- year 1942 hour 5:00 minute _____ P.M.

4. Sex: FEMALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: 0

(b) Name of husband or wife: _____

(c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: JAN 10 - 1942
(Month) (Day) (Year)

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: Malnutrition

8. AGE:

Years	Months	Days	If less than one day
	<u>6</u>	<u>12</u>	hr. _____ min.

Due to _____

Due to _____

9. Birthplace: Sikeston, Mo.
(City or county) (State or foreign country)

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

10. Usual occupation: Child

Major findings: _____

11. Industry or business: _____

Of operations: _____

12. Name: GEORGE BROWN

Of autopsy: _____

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

Underline the cause to which death should be charged statistically.

14. Maiden name: HELEN TERRY

15. Birthplace: NEW MADRID, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS HENRY BOYD

(b) Address: New Madrid, Mo.

17. (a) Burial (b) Date thereof: 7/22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Emergency

18. (a) Signature of funeral director: Community

(b) Address: _____

19. (a) July 30 1942 (b) Alice Spiller
(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)

(c) Means of injury _____

23. Signature: Louis Smith (M. D. or other) MD

Address: New Madrid Mo Date signed: 7-28-42

Duration 6 mo

PHYSICIAN _____

1031

RECEIVED

District Health Office No. 2,

District File Number 842-979

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.....

W. V. Embalmer

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.