S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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. 24827

FILED AUG 10 1942

Registration District No. 0824 Primary Registration District No. 5802 Registrar's No. 61

72
0
0

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural New Madrid (If outside city or town limits, write "RURAL" and name of township)
(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 6 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72
(a) State Missouri (b) County New Madrid
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. 9 Miles N of New Madrid (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN FRANKLIN CHAMPION
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased FEB (Month) 4 (Day) 1873 (Year)

8. AGE: Years 69 Months 5 Days 9 If less than one day hr. min.

9. Birthplace PERRY Co. (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation FARMING
11. Industry or business ✓
FATHER 12. Name Unk
13. Birthplace Unk (City, town, or county) Unk (State or foreign country)
MOTHER 14. Maiden name Unk
15. Birthplace Unk (City, town, or county) Unk (State or foreign country)
16. (a) Informant EUGENE CHAMPION
(b) Address NEW MADRID, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/15-42 (Month) (Day) (Year)
(c) Place: burial or cremation ROCKET CHAPEL
18. (a) Signature of funeral director RICHARDS UND. Co.
(b) Address New Madrid Mo.
19. (a) July 14, 1942 (Date received local registrar) (b) Alig Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1942 hour 8:20 minute P.M.
21. I hereby certify that I attended the deceased from 9-13-41, 19..., to 7-13-42, 19..., that I last saw h. alive on 7-13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion	Duration 1 day
Due to Chronic Myocarditis Hypertension	3 yrs
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 D. P. Edmundson (M. D. or other)
Address New Madrid Mo Date signed 7-14-42

1031 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-973
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 Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.