

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 12 1942

Registration District No. 274540 Primary Registration District No. 40-6-34358 Registrar's No. 31

7220
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County NEW MADRID

(b) City or town Lillbourn Town
(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
(Specify whether)

In this community ALL OF LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lillbourn
(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 0

3. (a) PRINT FULL NAME FLORA L McDONALD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 year 1942 hour 7 minute 5 M.

21. I hereby certify that I attended the deceased from 8-30-42 to 7-5-42 that I last saw her alive on 7-3-42 and that death occurred on the date and hour stated above.

4. Sex FEMME 5. Color or race W

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

6. (b) Name of husband or wife NO

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

7. Birth date of deceased MAY 22 1941
(Month) (Day) (Year)

Immediate cause of death Streptococcus Infective Non Strept
10 days

Duration 3 mo

8. AGE: Years 1 Months 1 Days 14
If less than one day hr. min.

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

10. Usual occupation Chell

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY McDONALD

{ 13. Birthplace LILLBOURN Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARY ETHEL MARTIN

{ 15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 24a

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry McDonald

(b) Address Lillbourn, Mo.

17. (a) Burial (b) Date thereof July 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maundy

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) Aug 5-42 (b) Wm. J. Parrett
(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 W. J. Parrett (M. D. or other) 0

Address New Madrid Mo Date signed 7-6-42

RECEIVED

District Health Office No. 2,

District File Number 842-1007

Date Filed 8-10-42

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 No......

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.