

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. 63

7200
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County NEW MADRID.

(b) City or town RURAL NEW MADRID TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1 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 ABOUT 17 YEARS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 1/2 mile west 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 M. C. MOSES

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex M 2

5. Color or race C

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

6. (b) Name of husband or wife ETHEL MOSES

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased SEPT. 30 - 1898
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace 1 Miss
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER {

12. Name UNK.

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

14. Maiden name UNK.

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

16. (a) Informant Ethel Moses

(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof July 7 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

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

(b) Address New Madrid, Mo.

19. (a) July 11, 1942 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 6
year 1942 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from 1 March
1942 to July 6 1942
that I last saw him alive on July 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Colon about the sigmoid region
Due to _____
Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 H. J. Dyer (M. D. or other) _____
Address New Madrid, Mo. Date signed 7/10-42

Duration 6 m.

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

RECEIVED

District Health Office No. 2,

District File Number 842-974

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 Hedgpeth.....

Licensed Embalmer No. 3803.....

P. O. Address New Madrid, Mo.....

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.