

No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

28372

FILED SEP 14 1942  
3170  
Registration District No.

Primary Registration District No. 6151

State File No.

Registrar's No. 36

03  
00  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County New Madrid STODDARD  
(b) City or town RURAL Stoddard  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No 1 Elk Camp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
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 Rural 103  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles N of Catron 0  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARY MORRING  
3. (b) If veteran. L name war  
3. (c) Social Security No. L

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 31  
year 1942 hour 11:00 minute P.M.  
21. I hereby certify that I attended the deceased from Aug 12  
1942 to Aug 21 1942  
that I last saw her alive on Aug 21 1942  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W  
6. (a) Single, widowed, married. 2 divorced widowed  
6. (b) Name of husband or wife R.T. MORRING  
6. (c) Age of husband or wife if alive years 17-1869  
7. Birth date of deceased APRIL (Month) (Day) (Year)

Immediate cause of death: Myxomatous Valve Lesion with a failure myo-cardia.  
Due to degeneration.  
Duration  
Due to

8. AGE: Years 74 Months 4 Days 4 If less than one day hr. min.  
9. Birthplace BARNES RIDGE MO (City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWIFE

Other conditions: 92 lb  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business L  
12. Name JOHN LAPLANT  
13. Birthplace NEW MADRID MO (City, town, or county) (State or foreign country)  
14. Maiden name Cassphine Hunt  
15. Birthplace NEW MADRID MO (City, town, or county) (State or foreign country)  
16. (a) Informant Mary Moring  
(b) Address Catron  
17. (a) Burial (b) Date thereof 8/23-42 (Month) (Day) (Year)  
(c) Place: burial or cremation Bygrave Ridge  
18. (a) Signature of funeral director Richardson  
(b) Address New Madrid, Mo.  
19. (a) 8-22-42 (b) Cardin Meier (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?  
23. Signature M. L. Dyer (Specify type of place) (M. D. or other)  
Address New Madrid, Mo. Date signed 8/22-42

JAN 21 1943

**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 Hedgicott*

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.**