

FILED OCT 8 1942

Registrar's No. **75**

Registration District No. **238**

Primary Registration District No. **5823**

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

1. PLACE OF DEATH:

(a) County Miss. Madrid

(b) City or town Rural New Madrid, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution No. 1

(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 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County New Madrid

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 miles South of Dawson
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FED WORTH LUEY

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from ✓ 1942 to ✓ 1942;
that I last saw him ✓ alive on ✓ 1942
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 2 divorced WIDOWED

6. (c) Age of husband or wife if alive ✓ years 1892

7. Birth date of deceased: FEL 21 1892
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 8
If less than one day hr. min.

Immediate cause of death No Medical Attendant by all record Death was due to acute myocarditis

Due to to acute myocarditis

Due to _____

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

10. Usual occupation FARMING

11. Industry or business ✓

12. Name LEE LUEY

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)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

Of autopsy _____

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

16. (a) Informant RICHARD LUEY

(b) Address NEW MADRID, MO.

17. (a) BURIAL (b) Date thereof Oct 1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. 4 n.d.s.

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

(b) Address New Madrid, Mo.

19. (a) 9-30-42 (b) Oliver Spitzer
(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)

(e) Means of injury 3

23. Signature Leo Hedgcock (M.D. or other) 3
Address New Madrid Date signed 9/30-42

OCT 16 1942

RECEIVED

District Health Office No. 2,

District File Number 1042-1250-

Date Filed 10-6-42

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

L. H. Haggerty

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.