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5-17-39
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34403

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 17 1942

Registration District No. 274

Primary Registration District No. 6261

Registrar's No. 42

72
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0

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

1. PLACE OF DEATH: New Madrid

(a) County New Madrid

(b) City or town Rural Lewis Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Whole Life years, months or days

2. USUAL RESIDENCE OF DECEASED: 75

(a) State Mo (b) County New Madrid

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Lara May victory

8. (b) If veteran, name war NO

8. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1942 hour 3:50 minute P.M.

4. Sex M 5. Color of race Gr.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife: Robert

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Mar 14 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 4 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death: Heart Knave

Due to _____

Due to _____

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

9. Birthplace: Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Act.

11. Industry or business: None

MOTHER FATHER { 12. Name Genl Thompson victory

18. Birthplace Genl. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Delois. Wehler

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. J. victory

(b) Address Lilbourn 910

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 10 11 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Newell

(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? _____

18. (a) Signature of funeral director 2nd Hill

(b) Address Lilbourn 910

While at work? _____ (Specify type of place)

Means of injury 0

19. (a) 10-11-42 (Date received local registrar) (b) ma J. L. Barrett (Registrar's signature)

23. Signature J. J. Victory (M. D. or other) _____

Address Lilbourn Mo Date signed 10-11-42

1214 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1142-1435
Date Filled 11-9-42

COB

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.....

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, above space should be left blank.

STANDARD CERTIFICATE OF DEATH

State File No. 34403

Registration District No. 274

Primary Registration District No. 6261

Registrar's No. 42

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Clara May Victory
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day _____ year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 14 (Month) (Day) (Year) _____
8. AGE: Years _____ Months 7 Days 13 If less than one day _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) _____ (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
119a

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof (Month) (Day) (Year) _____
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____
(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) _____
(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ Means of injury _____
23. Signature L. G. H. Helman (M. D. or other) _____
Address Helburn 716 Date signed 10-2-42

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

SUPPLEMENTARY

MOTHER FATHER

1942

S-34403