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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 23 1942

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 314

16  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 4 hrs  
(Specify whether)

In this community 44 hours  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid <sup>72</sup>

(c) City or town New Madrid <sup>7</sup>  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME MATTIE RUTH CARRELL

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31  
year 1942 hour 8:30 minute p M.

21. I hereby certify that I attended the deceased from 10-31-42 to 10-31-42  
that I last saw him alive on 10-31-42  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, Divorced SINGLE

6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: FEB 4 - 1938  
(Month) (Day) (Year)

Immediate cause of death: Diphtheria

Due to: .....

Due to: .....

Other conditions: .....

(Include pregnancy within 3 months of death) 10

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>8</u>	<u>27</u>	hr. min.

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

Major findings: 10

Of operations: .....

Of autopsy: .....

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation: Child

11. Industry or business: .....

12. Name: Howard Carrell

13. Birthplace: Burnside Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Carson

15. Birthplace: Lamar Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant: Howard Carrell

(b) Address: New Madrid, Mo.

17. (a) Burial (b) Date thereof: 11/1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Egyptian Cem.

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

(b) Address: New Madrid, Mo.

19. (a) 11-6-42 (b) H. H. Phelps  
(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? .....

(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: cut

23. Signature: At Smith (M. D. or other) cut

Address: Cape Girardeau Date signed: 11/5/42

1014 (Licensed Embalmer's Statement on Reverse Side)

DEC 1 1970

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**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 Not Embalmed.....

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.**