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

FILED DEC 14 1942

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 92

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days) All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lithuan
(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: No

3. (a) PRINT FULL NAME WILLIAM VEASY

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

3. (c) Social Security No. ✓

4. Sex M 5. Color or race Black 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased: About 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 30 hr. min.

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

10. Usual occupation Day work

11. Industry or business ✓

12. Name Wm Veasy

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

14. Maiden name unk

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

16. (a) Informant Henry A Blongler

(b) Address Lithuan Mo

17. (a) Burial (b) Date thereof 11/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sandhill

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

(b) Address New Madrid Mo

19. (a) Nov 16, 1942 (b) Alice Spicker
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1942 hour 2:00 minute P.M.

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.

Immediate cause of death: No medical attendant by all records the cause of death was due to his insanity.

Due to: his insanity

Due to:

Other conditions: 84
(Include pregnancy within 3 months of death)

Major findings: 84
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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Leo Hedgworth Registrar
Address New Madrid Mo Date signed 11/16-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 1242-1676
Date Filed 12-11-42

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.....

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.