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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
29 1943
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STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 241

Primary Registration District No. 5828

Registrar's No. 42

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Rural Le Minier
(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 2 months (Specify whether 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. East of Portageville mo. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lille Mae Scott
3. (b) If veteran, name war. No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1943 hour 1030 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.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife C 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar-19-1935 (Month) (Day) (Year)

Immediate cause of death: House caught on fire cause the person to be burned up.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

8. AGE: Years 7 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Pontotoc Co. Miss (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business: School Girl

12. Name: Richard Scott

13. Birthplace: Madison Co. Miss (City, town, or county) (State or foreign country)

14. Maiden name: Ophelia Macconuty

15. Birthplace: Madison Co. Miss (City, town, or county) (State or foreign country)

16. (a) Informant: Ophelia Scott

(b) Address: Portageville mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof: 1-17-1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Portageville, Cemetery

18. (a) Signature of funeral director: J. E. Dyer

(b) Address: Portageville mo.

19. (a) 1-22-43 (Date received local registrar) (b) Edith Targent (Registrar's signature)

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence: 1-16-43
(c) Where did injury occur: New Madrid Co. Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work: (e) Means of injury: ...
23. Signature: [Signature] (Date signed) 1-17-43
Address: New Madrid Mo.

JAN 29 1968

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 *not*
....., Registered Apprentice No.
working under my personal supervision.

Signed

Noel C. Deane

Licensed Embalmer No. *3941*

P. O. Address *Portageville 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.