

S. No. 2
M-5-42
5-17-39
-1 X32875

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 5 1943

Registration District No. 247

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4360

State File No.

Registrar's No. 51

1. PLACE OF DEATH:

- (a) County New Madrid
(b) City or town Portageville
(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 (Specify whether)

In this community
years, months or days

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex Male 5. Color or race white
6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased

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

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar)

- (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid
(c) City or town Portageville
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1943 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from October 12, 1942 to Jan 16, 1943
that I last saw him alive on Jan 15, 1943
and that death occurred on the date and hour stated above.

- Immediate cause of death Carcinoma of Rectum
Duration 1 yr.

- Due to.

- Due to.

- Other conditions Chr. Hypertension
(Include pregnancy within 3 months of death)

- Major findings:
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?

- While at work? (Specify type of place)

- (e) Means of injury.

23. Signature John J. Killian (M. D. or other)

- Address Portageville Mo. Date signed 1-17-43

RECEIVED

District Health Office No. 2,

District File Number 243-280

Date Filed 3-8-43

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.....

Nail C. Dean

Licensed Embalmer No. 3741

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.