

S. No. 2  
M-5-42  
7. 5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7822

State File No. ....

FILED MAR 5 1943

Registration District No. 3074

Primary Registration District No. 3074

Registrar's No. ....

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

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1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Shelton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)

In this community 1 hr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid

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

(d) Street No. 10 miles South of E. Prairie  
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME ANNIE LOUISE LAPLANT

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife hus. Bernell La Plant

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased June 8, 1921  
(Month) (Day) (Year)

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

21 6 13 hr. min.

9. Birthplace Lynn, Mass  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER

12. Name James Munson

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

14. Maiden name Mickey Mabel Thompson

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

16. (a) Informant Mr James Munson

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 12/23/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation J. D. F. Charleston

18. (a) Signature of funeral director Frank Shelby

(b) Address East Prairie, Mo.

19. (a) 2/17/43 (b) Louise Largent  
(Date received/local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1942 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 21, 1942  
19 to 19;  
that I last saw him alive on Dec 21, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Laceration of Brain  
skull fracture Duration 1 hour

Due to .....

Due to .....

Other conditions fract. cervical vertebrae  
(Include pregnancy within 3 months of death)

Major findings: 170C-4

Of operations .....

Of autopsy .....

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 of 25.

(b) Date of occurrence Dec. 21, 1942

(c) Where did injury occur? In Free New Madrid Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In public place - highway  
(Specify type of place)

While at work? (e) Means of injury Auto collision

23. Signature B. J. Allenstein MD (M. D. or other)

Address New Madrid, Mo. Date signed 1/16/43

RECEIVED

District Health Office No. 2,

District File Number 343-261

Date Filed 3-3-43

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 James E. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed

Travis Shelby

Licensed Embalmer No.

27296

P. O. Address

East Prairie

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.