

FILED APR 19 1943
Registration District No. **228**

Primary Registration District No. **4355**

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(c) Name of hospital or institution No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community About 7 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid
(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 _____

3. (a) PRINT FULL NAME EMMA WHITE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife GEORGE WHITE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV - 5 - 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace unk Mo. S
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____
12. Name FIELDING KING Mo S
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name LASINA WAGNER
15. Birthplace unk Mo. S
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Henaley
(b) Address New Madrid, Mo.
17. (a) Burial (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Emergenc

18. (a) Signature of funeral director Friends
(b) Address New Madrid
19. (a) April 2, 1943 (b) Alice Spiller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1943 hour 4:00 minute _____ a. m.

21. I hereby certify that I attended the deceased from February 18 1943 to March 23 1943;
that I last saw her alive on March 23 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular hemorrhage - spontaneous
Due to Hypertension and arteriosclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) f 2 1

Duration

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) _____
(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 P. J. Allenstein M.D. (M. D. or other)
Address New Madrid, Mo Date signed 3/29/43

DEC 3 1947

APR 21 1948

APR 30 1948

RECEIVED

District Health Office No. 2,

District File Number 448-534

Date Filed 4-15-48

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.