

FILED JUN 5 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

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

(d) Length of stay: In hospital or institution 12 Days Specify whether

In this community 12 Days 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. 3 miles north of New Madrid
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MAMIE PRICE

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 3 AM minute _____

21. I hereby certify that I attended the deceased from April 23
1943 to May 4 1943

that I last saw h. one alive on May 4 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Black

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

6. (b) Name of husband or wife Wiley Price

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 4 2 1887
(Month) (Day) (Year)

Immediate cause of death Stiffness Peritonitis

Due to Ruptured appendix

Due to _____

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

56 1 2 hr. min.

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 121:1

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation House wife

11. Industry or business _____

12. Name Bob Maymeathers

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

14. Maiden name unk unk

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

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 N. D. E. Hood (M. D. or other)

Address Cape Girardeau Mo. Date signed 5-10-43

16. (a) Informant Wiley Price

(b) Address New Madrid, R. 1, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Liberton, Mo.

18. (a) Signature of funeral director Prepared and Co

(b) Address New Madrid, Mo

19. (a) 5-13-43 (Date received local registrar) (b) J. H. Phelps (Registrar's signature)

