

FILED JUN 24 1943

Registration District No. _____ Primary Registration District No. 5826 Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(If outside of town limits, write "RURAL" and name of township)

(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 2 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elvie Marie Pasdon

3. (b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Will Pasdon 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 13 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>2</u>	<u>1</u>	hr. min.

9. Birthplace Spain County, Mo. (City, town, or county) Spain (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Joe Mudge

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

14. Maiden name Josephine Mudge

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

16. (a) Informant Will Pasdon

(b) Address Portageville, Mo.

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

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Joel C. Dean

(b) Address Portageville, Mo.

19. (a) 6-3-43 (b) W. J. D. Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid
(If outside of city or town limits, write "RURAL")

(d) Street No. Near Court St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1943 hour _____ minute 20 M.

21. I hereby certify that I attended the deceased from March 13-43 to April 16-43 1943
that I last saw her alive on April 12-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J. P. Brandon (M. D. _____)
Address Exey, Mo. Date signed 5-3-43

RECEIVED

District Health Office No. 2,

District File Number 643-809

Date Filed 6-8-43

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 Noel C. Dean
Licensed Embalmer No. 3941
P. O. Address: Portsmouth, 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.