

File for Burial 22002

State File No.

X26390

FILED JUN 17 1943

Registration District No. *5789-4330*

Registrar's No. *30*

1. PLACE OF BIRTH:

(a) County *Mississippi*

(b) City or town *East Prairie*
(If outside city or town limits, write "RURAL" and name of township)

(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*
(Specify whether years, months or days)

In this community *About 6 months*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *New Madrid*

(c) City or town *New Madrid* *72*
(If outside city or town limits, write "RURAL")

(d) Street No. *4*
(If rural, give location)

(e) Citizen of foreign country? *1* (Yes or No)
If yes, name country *1*

3. (a) PRINT FULL NAME *PERRY LEE HAYCRAFT*

3. (b) If veteran, name war *No*

3. (c) Social Security No. *No*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *26*
1943 year hour *11* minute *A.* M.

4. Sex *FEMALE*

5. Color or race *WHITE*

6. (a) Single, widowed, married, divorced *2*

6. (b) Name of husband or wife

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

7. Birth date of deceased *Jan - 1 - 1878*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *May 19 43 to May 26 43*
that I last saw *her* alive on *May 23 1943*
and that death occurred on the date and hour stated above.

8. AGE: Years *65* Months *4* Days *25*
If less than one day hr. min.

Immediate cause of death *Acute Cardiac*
Asthma

Due to

Due to

9. Birthplace *unk.* *Ky 1*
(City, town, or county) (State or foreign country)

10. Usual occupation *Housewife*

Other conditions *Arteriosclerosis*
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name *Arthur Belt*

13. Birthplace *unk.* *Ky 1*
(City, town, or county) (State or foreign country)

14. Maiden name *unk.*

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

PHYSICIAN

Major findings: Of operations *9502*

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant *Leonard Haycraft*

(b) Address *New Madrid, Mo*

17. (a) (Burial, cremation, or removal) (b) Date thereof *Marley*
(Month) (Day) (Year)

(c) Place: burial or cremation *Marley*

18. (a) Signature of funeral director *Rickards and Co*

(b) Address *New Madrid Mo.*

19. (a) *6-14-43* (b) *Fannie E. Bryner*
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury *✓*

23. Signature *George W. White* (M. D. *over*)
Address *East Prairie Mo* Date signed

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

MOTHER FATHER

1271

RECEIVED

District Health Office No. 2,

District File Number 643-83

Date Filed 6-15-43

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.....

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.