

No. 2
5-42
5-17-38
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25585
Registrar's No. 33

Registration District No. 238

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
(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)

In this community all of life
years, months or days

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 0

3. (a) PRINT FULL NAME BALLY KAGE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 10:30 minute P.M.

21. I hereby certify that I attended the deceased from ✓, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 2

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

7. Birth date of deceased June 15 - 1895
(Month) (Day) (Year)

Immediate cause of death No Medical attendant. She became sick about
and was sick about
a week. She complained
with her heart. I
think she died from

Due to _____

Due to _____

Other conditions hypertension
(Include pregnancy within 3 months of death)

8. AGE: Years 58 Months 0 Days 14
If less than one day hr. _____ min. _____

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business _____

12. Name Ran Rumbin

13. Birthplace unk unk
(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)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jesse Sims

(b) Address New Madrid Mo

17. (a) Burial (b) Date thereof July 1 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Good hill

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

(b) Address New Madrid Mo

19. (a) July 9, 1943 (b) Alice Spitzer
(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)

(e) Means of injury _____

23. Signature Leah Edgely Leah Edgely
(M.D. or other) (County or other)

Address New Madrid Mo Date signed 7/13 - 43

RECEIVED

District Health Office No. 2,

District File Number 7-13-896

Date Filed 7-19-43

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..... Leo H. Huggins
Licensed Embalmer No. 3803
P. O. Address..... New Madrid, 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.