

No. 2  
5-42  
5-1739  
X-2285

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25588

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 34

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  
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid 59

(c) City or town New Madrid 0  
(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 LOUIS RILEY MAHAR

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1943 hour 5:30 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from Dec 1941, to June 26, 1943  
that I last saw him alive on June 26 - 1943, 1943  
and that death occurred on the date and hour stated above.

4. Sex M

5. Color or face W

6. (a), Single, widowed, married, 3 divorced, DIVORCED

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased JUNE - 25 - 1884  
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Duration about 2 years

8. AGE: Years 59 Months 0 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace New Madrid Co. Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 938

10. Usual occupation Merchant

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name W. J. Mahar

13. Birthplace Independence Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Emie Daniels

15. Birthplace unk Alabama  
(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? \_\_\_\_\_

16. (a) Informant Lizzie Parks

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof 6-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maunda

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

18. (a) Signature of funeral director Richards Under

(b) Address New Madrid Mo.

19. (a) July 9, 1943 (b) Alice Spiden  
(Date recorded local registrar) (Registrar's signature)

23. Signature W. L. Digges (M. D. or other) \_\_\_\_\_

Address New Madrid Mo. Date signed 6-26-43

RECEIVED

District Health Office No. 2,

District File Number 743-815

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. Hayslett*

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.**