

S. No. 2
M-1-43
v. 17-59
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28875

State File No. _____

Registrar's No. 79

Registration District No. 240

Primary Registration District No. 4358

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn

(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) all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lilbourn
(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 _____

3. (a) PRINT FULL NAME EBENAZAR TONEY

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on July 1st and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race BLACK 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bea Toney 6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

7. Birth date of deceased APRIL 2 - 1869
(Month) (Day) (Year)

Immediate cause of death _____
Stroke of Brain

Due to _____

8. AGE: Years 74 Months 3 Days 5 If less than one day _____ hr. _____ min.

Due to _____

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

9. Birthplace NEW MADRID Co, MO
(City, town or county) (State or foreign country)

10. Usual occupation LABOR

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ISACH TONEY

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

14. Maiden name SIDNEY WATSON

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

16. (a) Informant ALICE TONEY

(b) Address NEW MADRID MO

17. (a) BURIAL (b) Date thereof July 11 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAND HILL

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 Lilbourn (M. D. or other) _____
Address _____ Date signed 7-13-43

18. (a) Signature of funeral director Richardson Underwood

(b) Address New Madrid Mo

19. (a) 8-1-43 (b) Mrs. D. L. Parrett
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 843-1099

Date Filed 8-24-43

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 Lis Hidyette.....

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.