

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32171**

FILED SEP 22 1949

Registration District No. **239**

Primary Registration District No. **58254.957** Registrar's No. **4356**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Parma Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MATILENA-AVANT**

3. (b) If veteran, name was **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married **2 divorced Widowed**
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Del 25 1846**
(Month) (Day) (Year)

8. AGE: Years **97** Months **9** Days **12** If less than one day hr. min.

9. Birthplace **Harrison Station Miss State**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired-House wife**

11. Industry or business **Born in Slavery**

12. Name **Henry Talifer**

13. Birthplace **State of Miss** 1
(City, town, or county) (State or foreign country)

14. Maiden name **Go. Duke**

15. Birthplace **State of Miss** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Lula Battle**

(b) Address **Parma**

17. (a) **Burial** (b) Date thereof **9-14-49**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catton Mo**

18. (a) Signature of funeral director **Watkins Fun Service**

(b) Address **Parma Mo**

19. (a) **Sept 14** (b) **3 Mrs S. Rademacher**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Parma Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12** year **1949** hour **1:30** minute **P. M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on **10/6/36**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Old age**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **Edw. Husted** (M. D. or other) _____

Address **Parma** Date signed **9/16/49**

1028 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 943-1206

Date Filed 9-15-43

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.....

.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed:

.....
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.