

FILED DEC 6 1943

State File No. _____

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 78

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME SAMMIE JONES

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

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

7. Birth date of deceased April 11 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 24 hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Jones
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Davis
15. Birthplace Stutaba Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Merrett
(b) Address Portageville, Mo
17. (a) Burial (b) Date thereof 11-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home

18. (a) Signature of funeral director Friends
(b) Address _____

19. (a) Nov-29-43 (b) Edith Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1943 hour 7:30 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.

Immediate cause of death Burned up in Home

Due to _____

Due to _____

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

Major findings: Of operations No

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 072
(b) Date of occurrence Nov 5 - 1943
(c) Where did injury occur? New Madrid Co. Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury Burned

23. Signature Les Hedgwick (M.D. or other)
Address New Madrid, Mo. Date signed 11/5/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 12-3-14

Date Filed 12-3-13

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

Neil C. Dean

Licensed Embalmer No.

3941

P. O. Address

Portageville

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.