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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3690**

FILED JAN 15 1944

Primary Registration District No. **5876**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town La Fontaine
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. New Courser
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Hobson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
year 1943 hour _____ minute _____ 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. Female 5. Color or race negro

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Bennett Hobson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 11 1918
(Month) (Day) (Year)

Immediate cause of death
No medical attendant by all record death

Due to same due to Pulmonary Tuberculosis

Due to _____

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

Major findings: 13 fol

Of operations _____

Of autopsy _____

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

8. AGE: Years 25 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Wilson Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Lewis

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

14. Maiden name Alva

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

16. (a) Informant Andrew Wallace

(b) Address Portageville Mo.

17. (a) Burial (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation Mason Cemetery

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 Leo H. ... (M.D. or other) Leo H. ...

Address New Madrid Mo. Date signed Feb 15 1944

18. (a) Signature of funeral director Ward C. Deaf

(b) Address Portageville Mo.

19. (a) 1-4-44 (b) Mrs. D. R. Parrett
(Date received local registrar) (Registrar's signature)

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

1276

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 144-124

Date Filed 1-13-47

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portsmouth, N.H.

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.