

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

FILED JAN 10 1944

State File No. _____

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 68

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town New Madrid
(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 Julia Maness
 3. (b) If veteran, name No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 8
 year 1943 hour 1:00 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.

4. Sex FEMALE 5. Color or race W
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Edd Maness
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased SEP 3 1887
(Month) (Day) (Year)

Immediate cause of death Hit by motorcycle in New Madrid street
cut in abdominal
County, Internal injuries
 Due to in abdominal cavity
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 3 Days 5
If less than one day
 9. Birthplace unk Mo. D
(City, town, or county) (State or foreign country)

Major findings: 170d-6
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Conley
 13. Birthplace unk Mo. D
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Maness
 (b) Address New Madrid Mo
 17. (a) Burial (b) Date thereof 12-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graves
 18. (a) Signature of funeral director Friend
 (b) Address New Madrid Mo
 19. (a) 12/11/43 (b) Alio Spitzer
(Date received local registers) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 12-8-43
 (c) Where did injury occur? New Madrid, New Madrid
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place Hit by motorcycle
(Specify type of place) (e) Means of injury
 23. Signature Leo G. Kelly
(M. D. or other)
 Address New Madrid Mo Date signed 12-8-43

1081

RECEIVED

District Health Office No. 2,

District File Number 144-121

Date Filed 1-13-44

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 Not Embalmed.....

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.