

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

FILED JAN 19 1948

Registration District No. **2320**

Primary Registration District No. **4355**

Registrar's No. **64**

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 years, months or days)
 In this community ALL OF LIFE

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

4. Sex M 5. Color or race BLACK 6. (a) Single, widowed, married, divorced 21
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased about 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about</u>	<u>80</u>			hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name unk
 13. Birthplace unk unk
(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 James Bloomfield
 (b) Address New Madrid Mo

17. (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miner

18. (a) Signature of funeral director R. Richards and Co
 (b) Address New Madrid Mo

19. (a) Jan. 1, 1944 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18
 year 1943 hour 4:00 minute _____ P. M.
 21. I hereby certify that I attended the deceased from Nov 18 - 1943
 to Dec 16 1943
 that I last saw him alive on Dec 16 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Apoplectic Stroke
& Influenza Duration _____

Due to Cardiovascular Disease
Hypertension

Due to Septicemia

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: 131a
 Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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 O.S. Chandler (M. D. cert)
 Address New Madrid Mo Date signed 12/31/43

RECEIVED

District Health Office No. 2,

District File Number 144-119

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 Leo Kulyk

Licensed Embalmer No. 3803

P. O. Address New Market, Md

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.