

FILED FEB 16 1944
Registration District No. 281

Primary Registration District No. 4360

Registrar's No. 2

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

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 years, months or days) 5 years

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. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Silda Hall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1944 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from Dec. 8 1943 to Jan. 26 1944
that I last saw her alive on Jan. 18 1944
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 _____

6. (c) Age of husband or wife if alive _____ (Year)

7. Birth date of deceased: Jan (Month) 11 (Day) 1861 (Year)

Immediate cause of death: Malignant Hyper-tension

Due to: Chr. nephritis

Due to: _____

8. AGE: Years 83 Months 0 Days 15 If less than one day hr. _____ min. _____

9. Birthplace: _____ (City, town, or county) Miss. 1 (State or foreign country)

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

Major findings: _____

Of operations: _____

Of autopsy: 1318

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

{ 14. Maiden name _____

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

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? _____

(Specify type of place) _____

(Specify type of injury) _____

16. (a) Informant Evie Daugherty

(b) Address Water Valley, Miss.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Local City

18. (a) Signature of funeral director _____ (Specify type of place) _____ (Specify type of injury) _____

(b) Address Blountville, Tenn.

19. (a) 1-28-44 (Date received local registrar) (b) Ellen D. Kile (Registrar's signature)

23. Signature John Wilson (M.D. or other) _____
Address Portageville, Mo Date signed 1-28-44

RECEIVED

District Health Office No. 2,

District File Number 244-330

Date Filed 2-13-44

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.....

..... 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.