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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1944

Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4355

State File No. 7852

Registrar's No. 6

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
(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 72
(c) City or town: New Madrid 0
(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: 0

3. (a) PRINT FULL NAME: EMMER RILEY
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: FEMALE
5. Color or race: Black
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: West Riley
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: About 1864 (Month) (Day) (Year)
8. AGE: Years: About 80 Months: Days: If less than one day: hr. min.
9. Birthplace: New Madrid Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Hill Martin
13. Birthplace: New Madrid Co Mo (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: West Riley
(b) Address: New Madrid, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Tommie Barnell
18. (a) Signature of funeral director: Richards and Co
(b) Address: New Madrid Mo
19. (a) Jan 26-44 (Date received local registrar) (b) Helen Louise Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 15 year: 1944 hour: 7:30 minute: A.M.
21. I hereby certify that I attended the deceased from Jan 12, 1944 to Jan 12, 1944 that I last saw him alive on Jan 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchitis — Duration
Pneumonia - Influenza
Due to: Pneumonia
Due to:
Other conditions (Include pregnancy within 3 months of death): 230
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: O B. Chandler (M. D.)
Address: New Madrid Mo Date signed: 1/24/44

1268

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-321
Date Filed 2-12-44

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 .....

Not Embalmed, ..., Registered Apprentice No. .....,

working under my personal supervision.

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address Nutwood Mo

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.