

FILED JUN 20 1944

State File No.

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 19

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 at home
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 yrs years, months or days

3. (a) PRINT FULL NAME

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 15 - 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Ripley Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business at home

12. Name Charles Allen

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

14. Maiden name Marie Brown

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

16. (a) Informant Sam Grayson

(b) Address Ripley Tenn

17. (a) Burial (b) Date thereof July 26 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Land Hill

18. (a) Signature of funeral director Frank

(b) Address New Madrid

19. (a) 5-24-44 (b) Nelson Louis Jones
(Date received local registrar) (Registrar's signature)

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 Long Time

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from July 1st 1943, to July 26 1943
that I last saw her alive on July 18th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward M. Papp (M. D. or other)

Address Marion Ave Date signed 7-27-43

RECEIVED

District Health Office No. 2,

District File Number 644-280

Date Filed 6-14-44

Attest
Secretary of Health
I do, Edmund M. Capp
that this is a true copy of
the death certificate
April 5 - 1944

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.