P. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25280

Registration District No. FILED JUL 24 [illegible]

Primary Registration District No. 4358

Registrar's No. 119

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn
(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
In this community about 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Lilbourn - 72
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Shade Olds

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M 2

5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leatha Olds

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May (Month) 28 (Day) 1888 (Year)

8. AGE: Years 56 Months 0 Days 15 If less than one day hr. min.

9. Birthplace unk (City, town, or county) Miss (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name Zeb Olds
13. Birthplace unk (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Annie True
15. Birthplace unk (City, town, or county) unk (State or foreign country)

16. (a) Informant Shadie Brown
(b) Address Lilbourn, Mo. R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 (Month) (Day) 44 (Year)
(c) Place: burial or cremation Sandhill

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

19. (a) 6-20-44 (Date received local registrar) (b) Mrs. S. L. Parrett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 10:30 minute a. M.

21. I hereby certify that I attended the deceased from April 7, 1944 to June 13, 1944
that I last saw him alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum	2 yrs (approximately)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature W. Hadley Hatch (M. D. or other) T.O.
Address Lilbourn, Mo. Date signed 6/18/44

1276

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 74-1016
Date Filed 7-20-74

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 Hedgpeth

Licensed Embalmer No. 3963

P. O. Address New Madrid 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.