

FILED AUG 15 1944

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 30

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) 1
(d) Length of stay: In hospital or institution (Specify whether)
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid 72
(If outside city or town limits, write "RURAL") Rural 9
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME AARON BYRD SPEAKMAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife ARPIA SPEAKMAN 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased MAY 16 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 10 If less than one day hr. min.

9. Birthplace CULMAN, CO ALABAMA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business V

MOTHER FATHER { 12. Name AARON SPEAKMAN
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 Will Speakman
(b) Address New Madrid, Mo.
17. (a) BURIAL (b) Date thereof 7/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director T. L. ... and Co
(b) Address New Madrid, Mo.
19. (a) Aug 3-1944 (b) Helena Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1944 hour minute M.
21. I hereby certify that I attended the deceased from 6/16 1944 to 7/21 1944;
that I last saw him alive on 7/21 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to arteriosclerotic heart disease

Other conditions New Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy

Duration
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) (c) Means of injury
23. Signature P. J. Allenstern, M.D. (M.D. or other)
Address New Madrid, Mo. Date signed 7/27/44

1368

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

RECEIVED

District Health Office No. 2,

District File Number 844-1127

Date Filed 8-11-44

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 Hedges

Licensed Embalmer No. 3803

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.