S. No. 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 247

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34863

Primary Registration District No. 4360

Registrar's No. 46

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 In this community years, months or days) 65 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Portageville, Mo (If outside city or town limits, write "RURAL")

(d) Street No. City (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —— 0

3. (a) PRINT FULL NAME Anna DeLisle

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1868 (Year)

8. AGE: Years 76 | Months 7 | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace Logan Co. (City, town, or county) 1 Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis Thompson. 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name unknown.
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Arthur DeLisle
(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director Noel C. Dean
(b) Address Portageville, Mo.

19. (a) 10-14-44 (Date received local registrar) (b) Ellen DeLisle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 13 year 1944 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from April, 1944 to Oct 12, 1944 that I last saw her alive on Oct 12, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Carcinoma of Intestines	8 months?
Due to	
Other conditions (Include pregnancy within 3 months of death) none 46e	

Major findings:
Of operations none
Of autopsy none

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 R. C. Conrad (M. D. or other) M.D.
Address Portageville, Mo Date signed 10

1369 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 144-1518
Date Filed 11-16-44

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville 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.