

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38396**  
Registrar's No. **50**

Registration District No. **238** Primary Registration District No. **4355**

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

1. PLACE OF DEATH:  
(a) County **New Madrid**  
(b) City or town **New Madrid**  
(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 **NO** (Specify whether) **1**  
In this community **all of life** years, months or days

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

3. (a) PRINT FULL NAME **MYRA ROBBINS FARIS**  
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Nov** day **26** year **1944** hour **8:30** minute **9** A.M.  
21. I hereby certify that I attended the deceased from **Nov 26-44** to **Nov 26**, 19**44** that I last saw her alive on **Nov 25**, 19**44** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2**  
6. (b) Name of husband or wife **Alexander Faris** 6. (c) Age of husband or wife if alive **✓** years **1898**  
7. Birth date of deceased **Nov - 15 - 1898** (Month) (Day) (Year)

Immediate cause of death **Angina Pectoris** Duration  
Due to **94 1/2**  
Due to  
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years **66** Months **11** Days **11** If less than one day hr. min.

9. Birthplace **New Madrid Co. Mo. 1** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife.**

11. Industry of business  
12. Name **James M. Robbins**  
13. Birthplace **9**  
14. Maiden name **Emma L. Lewis**  
15. Birthplace **New Madrid Co. Mo. 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Myra Faris**  
(b) Address **New Madrid, Mo.**

17. (a) **Burial** (b) Date thereof **11-28-44** (Month) (Day) (Year)  
(c) Place: burial or cremation **Evergreen**

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

19. (a) **12-9-44** (Date received local registrar) (b) **Helene L. Jones** (Registrar's signature)

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 **Orville B. Chandler** (M. D. or other)  
Address **New Madrid Mo.** Date signed **12/7/44**

RECEIVED

District Health Office No. 2,

District File Number 1244-162

Date Filed 12-12-44

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**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.....

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.**