

FILED FEB 24 1945
Registration District No. 245

Primary Registration District No. 4358

Registrar's No. 142

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 all of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Lilbourn 77
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 7

3. (a) PRINT FULL NAME Joice Ann Cawan
 3. (b) If veteran, name year No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
 year 1944 hour 5:00 minute _____ A.M.
 21. I hereby certify that I attended the deceased from
6/29 1944 to 12/28 1944
 that I last saw her alive on 12/28 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Empyema
 Duration _____

8. AGE: Years Months Days If less than one day
7 12 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Lilbourn Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Child

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name Joy Cawan
 13. Birthplace Lilbourn Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Grace Wilson
 15. Birthplace Miss.
 (City, town, or county) (State or foreign country)

16. (a) Informant Joy Cawan
 (b) Address Lilbourn
 17. (a) Burial (b) Date thereof 12/31-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Home

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 12/30/44
 (c) Where did injury occur? Lilbourn Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None (Specify type of place) Choked on
 While at work no (e). Means of injury trill

18. (a) Signature of funeral director [Signature]
 (b) Address Lilbourn Mo.
 19. (a) 1-15-45 (b) Mo. J. L. Parrett
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address New Madrid, Mo Date signed 1/4/45

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

220

1274

RECEIVED

District Health Office No. 2,

District File Number 245-234

Date Filed 2-15-45

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.