

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14078  
Registrar's No. 78

FILED APR 19 1945

Registration District No. 2198

Primary Registration District No. 4355

22  
4  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 NO (Specify whether)

In this community about 6 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 12  
(If outside city or town limits, write "RURAL")

(d) Street No. 8 miles south of N. M. 4  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME REBECCA HARRIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1945 hour 7:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6 19\_\_\_\_ to 6 19\_\_\_\_  
that I last saw h alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Bennie Harris 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May - 27 -  
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to my old record death

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 66 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home wife

Major findings: Of operations 850

Of autopsy \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

12. Name Manual Cook

13. Birthplace unk Miss  
(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 J. H. Harris

(b) Address J. Matthews No

17. (a) Burial (b) Date thereof 3-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanhill

18. (a) Signature of funeral director Richard Lind Co

(b) Address New Madrid Mo

19. (a) 4-2-45 (b) Nelson David Jones  
(Date received local registrar) (Registrar's signature)

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 Leo H. Sypert (M.D. or other) Chasner

Address New Madrid Date signed 3/29/45

1368

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 445-590

Date Filed APR 11 1945

**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 Hedgcock*.....

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.**