

JUL 12 1945

Registration District No. 229

Primary Registration District No. 2822

State File No. \_\_\_\_\_

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Caton *cons sup*  
(c) Name of hospital or institution: No.  
(d) Length of stay: In hospital or institution No.  
In this community all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Caton *72*  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BETTY JEAN YARBROUGH

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

4. Sex F 5. Color or race COLORED 6. (a) Single, widowed, married, divorced U  
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAY 19 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 16 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Caton, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Child

MOTHER FATHER

11. Industry or business ✓  
12. Name G. N. Yarbrough  
13. Birthplace Miss. (City, town, or county) (State or foreign country)  
14. Maiden name Lucy  
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant G. N. Yarbrough  
(b) Address Caton, Mo.  
17. (a) Burial (b) Date thereof 6-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Caton

18. (a) Signature of funeral director Ripstein and Co  
(b) Address New Madrid, Mo.  
19. (a) 7/1/45 (b) Dr. G. W. G. G. G.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1945 hour 8:00 minute \_\_\_\_\_ a.m.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. ✓ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death No medical attendant  
Cause of death  
Due to Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 2002

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 Leo Hedygath Coroner  
(M. D. or other)  
Address New Madrid, Mo. Date signed 6/6/45

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

RECEIVED

District Health Office No.

District File Number 745-93

Date Filed 7-10-43

**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.**