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39
32873
 FILED OCT 16 1945

Registration District No. 227

Primary Registration District No. 5825

Registrar's No. 4327

1. PLACE OF DEATH:

 72
0
0
 (a) County New Madrid
 (b) City or town Tallopooza, Mo. com.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

(b) If veteran, name war No(c) Social Security No. No
 4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 27 1929
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
16 3 10 hr. min.9. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Garage boy

11. Industry or business

12. Name Joe Johnson13. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)14. Maiden name Lorene Wheeler15. Birthplace Dyersburg Tenn.
(City, town, or county) (State or foreign country)16. (a) Informant Lorene Wheeler(b) Address Tallopooza, Mo.17. (a) Reburial (b) Date thereof Sept 10 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Malden Mo18. (a) Signature of funeral director Walter Funeral Service(b) Address Parma, Mo19. (a) 9/12/45 (b) Dr. S. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day ?
year 1945 hour 12:30 minute ? P. M.21. I hereby certify that I attended the deceased from - 19... to - 19...;that I last saw him - alive on - 19... and that death occurred on the date and hour stated above.Immediate cause of death: Fell off of side of truck run over head and Due to Crushed skull.Duration ?Due to Crushed skull.

Due to

Due to

Other conditions: 1700-8
(Include pregnancy within 3 months of death)Major findings: 24
Of operations: 20Of autopsy: 20

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) accident 72(b) Date of occurrence Sept 7 - 1945(c) Where did injury occur? New Madrid, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
County Road
(Specify type of place)While at work? 3 (e) Means of injury Car over23. Signature Dr. S. H. ... (M.D. or other)Address New Madrid, Mo Date signed 9/12-45

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

RECEIVED

District Health Office No. 2

District File Number 1065-3124

Date Filed 10-10-4

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 Lymon Steele
Licensed Embalmer No. 2476
P. O. Address Nexter 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.