S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41923

FILED JAN 24 1946

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 108

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)
(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 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 Joe Blanks
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex M. O
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Blanks
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. (Month) 8 (Day) 1888 (Year)

8. AGE: Years 57 Months 9 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Richards Blanks
13. Birthplace unk (City, town, or county) unk (State or foreign country)
MOTHER
14. Maiden name Mattie Rose
15. Birthplace unk (City, town, or county) unk (State or foreign country)
16. (a) Informant Della Blanks
(b) Address New Madrid Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen
18. (a) Signature of funeral director Richards Und Co
(b) Address New Madrid Mo.
19. (a) 12-21-45 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1945 hour 8.35 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.

	Duration
Immediate cause of death Cancer of Stomach by all records	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 46	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgpeth Coroner (M. D. or other)
Address New Madrid Mo. Date signed 11/20 45

1368 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-88
Date Filed 6-11-46

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 Hedgspeth

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.