

FILED MAY 14 1946
Registration District No. 238

STANDARD CERTIFICATE OF DEATH

State File No. 17492

Primary Registration District No. 4355

Registrar's No. 146

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether years, months or days)

In this community All of life

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. 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LAURA MOTT

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife No. 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased FEH 8-1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 29 If less than one day hr. min.

9. Birthplace New Madrid - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business ✓

12. Name JOHN A. MOTT

13. Birthplace Nichalsville, Ky. 1
(City, town, or county) (State or foreign country)

14. Maiden name Helene Wagner

15. Birthplace New Madrid Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Bob Mott

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof May 9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter

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

(b) Address New Madrid Mo.

19. (a) 5-9-46 (b) Helene Louise Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day May
year 1946 hour 9 minute 17 A.M.

21. I hereby certify that I attended the deceased from March 15, 1946, to May 7, 1946, that I last saw her alive on 6 May, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage Duration 12 hrs.

Due to Gastric Carcinoma 6 Mo.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations H&E

Of autopsy _____

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 Goris J Smith (M.D. or other) MD
Address New Madrid Mo. Date signed 7 May 46

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 2-46-616

Date Filed 5-11-46

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.....

Licensed Embalmer No. 4346

P. O. Address New Madrid

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.