

S. No. 2
M-2-43
5-17-39
-1 X35697

24422

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 2 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 27

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 42 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Marston
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Del.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ada Laird
3. (b) If veteran, name war X 3. (c) Social Security No. X
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased March 14, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21, year 1946 hour 11 minute A. 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.

8. AGE: Years 71 Months 4 Days 7 If less than one day _____ hr. _____ min.

Immediate cause of death Acute Myocarditis
Due to _____
Due to _____

9. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)
10. Usual occupation House-Wife

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No.

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Bogard
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Clifford Laird
(b) Address Matthews, Mo.
17. (a) Removal (b) Date thereof 7/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marston, Mo.

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 3

18. (a) Signature of funeral director H. J. Smith Funeral Home
(b) Address Caruthersville, Mo.
19. (a) July 30 1946 (b) A. J. Bender Deputy
(Date received local registrar) (Registrar's signature)

23. Signature Lo Kedy... (Specify type of place) (e) Means of injury 3
Address New Madrid, Mo. Date signed 7/21-46

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

200

218

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1948

AUG 16 1948

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 *James P. Saburn*

Licensed Embalmer No. *4185*

P. O. Address *Carrollsville, Md.*

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.