

No. 2  
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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 7 1947**  
Registration District No. 238

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41457  
State File No. \_\_\_\_\_  
Registrar's No. 181

Primary Registration District No. 5823

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

1. PLACE OF DEATH:  
(a) County New Madrid  
(b) City or town Rural - La Forge  
(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 \_\_\_\_\_ (Specify whether  
In this community 25 year about years, months or days)

3. (a) PRINT FULL NAME MARY HOGANS  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race COLORED  
6. (a) Single, widowed, married, divorced 3  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DEC - 18 - 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 11 29 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Curtis Watson  
13. Birthplace unk Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name unk  
15. Birthplace unk unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Quint  
(b) Address New Madrid, P. 1. B. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director Richard Miller  
(b) Address New Madrid, Mo.  
19. (a) 12-21-46 (Date received local registrar) (b) Bellevue Louis Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County New Madrid  
(c) City or town Rural  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 17  
year 1946 hour 12:35 minute 9 M.  
21. I hereby certify that I attended the deceased from Dec 8 1946 to Dec 16 1946  
that I last saw and alive on Dec 16 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral sclerosis  
arteriosclerotic Heart Disease  
Due to Ren. arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
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 B Gallenstein (M. D. or other) m.d.  
Address New Madrid Date signed 12/19/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1246-151

Date Filed 12-31-46

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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.....

*J. G. Collins*

.....  
Licensed Embalmer No. 4346

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.**