

FILED APR 15 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43790

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 206

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Kewanee, Mo.  
(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 Life years, months or days)

3. (a) PRINT FULL NAME CORA MAY MIDGETT

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife J.W. Midgett 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec 8, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 7 28 hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Thomas Swain  
13. Birthplace Unk. Unk.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie Grosset  
15. Birthplace New Madrid Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ethyl Avery  
(b) Address Kewanee Mo.

17. (a) Burial (b) Date thereof Aug 7, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Richards Und Co.  
(b) Address New Madrid, Mo.

19. (a) 4-2-47 (b) Helene Louise Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6  
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from July 25, 1946, to Aug 6, 1946, that I last saw her alive on Aug 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 Days

Due to  
Due to

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations  
Of autopsy 107

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 1

23. Signature E.E. Jones (M. D. or other)  
Address Lilbourn Mo Date signed 3-20-47

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

**RECEIVED**

District Health Office No. 2,

District File Number 447-542

Date Filed 4-10-47

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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. J. Collins*  
.....  
Licensed Embalmer No. 4346

P. O. Address New Madison

**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.**