

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED FEB 11 1947

State File No.

Registrar's No. 185

Registration District No. 238

Primary Registration District No. 4355

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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:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES MONROE

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

3. (c) Social Security No. No.

4. Sex MB 5. Color or race BLACK

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

6. (b) Name of husband or wife Ally Monroe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. - 17 - 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>22</u>	hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name unk

13. Birthplace unk unk
(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 Fred Madison

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 1/12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indiscrete

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

(b) Address New Madrid, Mo.

19. (a) 1-16-47 (b) Delus Louie Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (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 NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Dec 26, 1946, to Jan 9, 1947, that I last saw her alive on Jan 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy 107

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

Means of injury 0

23. Signature Clude W. Jones (M. D. or other)

Address Date signed 1/12-47

RECEIVED

District Hearing Office No. 2

District File Number 247-183

Date Filed 2-9-47

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.....

I. 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.