

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED MAR 3 1947**

Registration District No. **242** Primary Registration District No. **4361**

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

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town Canalou Twp.  
(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 years, months or days) \_\_\_\_\_ (Specify whether)

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

**3. (a) PRINT FULL NAME** Nettie Lauderdale

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late James M. Lauderdale 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About April 1853  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>93</u>	<u>10</u>		hr. _____ min. _____

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

10. Usual occupation Housework

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

**MOTHER FATHER**

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant T. B. Lauderdale

(b) Address Halleyville, Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Halleyville, Ala.

18. (a) Signature of funeral director Ponder Funeral Home

(b) Address Lilbourn, Mo.

19. (a) Feb. 20-1947 (Date received local registrar) (b) Thomas M. Sheetz (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid **72**

(c) City or town Canalou Twp.  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location) **0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February, day 12  
year 1947 hour 8 minute 30 P.:M.

21. I hereby certify that I attended the deceased from Jan 16 1947, to Feb 12 1947; that I last saw him alive on Feb. 10 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia **6 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tachycardia **100/100**  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 92 B

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 0

23. Signature Clayton M. Rorer (M. D. or other) **0**

Address Warrenton, Ore. Date signed 3/2/47

**220**

RECEIVED

District Health Office No. 2,  
District File Number 247-27  
Date Filed 2-24-47

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**