

Registration District No. **238** Primary Registration District No. **4355**

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

1. PLACE OF DEATH:
 (a) County *New Madrid*
 (b) City or town *New Madrid*
 (c) Name of hospital or institution: *No. 1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *No.*
 In this community *all of life* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo.* (b) County *New Madrid*
 (c) City or town *New Madrid Mo.*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *4*
 (If rural, give location)
 (e) Citizen of foreign country? *No.* (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME *EMAEI DAVID Boyd*
3. (b) If veteran, name war *No.* **3. (c) Social Security** No. *W*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *4* day *28*
 year *47* hour *6 P.M.* minute _____ M.

4. Sex *M* **5. Color or race** *W*
6. (a) Single, widowed, married, divorced *0*
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** alive _____ years
7. Birth date of deceased *Nov 17 1916*
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 16 1946 to April 28 1947*
 that I last saw him alive on *April 28 1947*
 and that death occurred on the date and hour stated above.

8. AGE: Years *30* Months *5* Days *11* If less than one day _____ hr. _____ min.

Immediate cause of death *Pulmonary Tuberculosis*
 Due to _____
 Due to _____

9. Birthplace *NEW MADRID, Mo. 0*
 (City, town, or county) (State or foreign country)
10. Usual occupation *LABOR*

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
12. Name: *Flatch Boyd*
13. Birthplace: *Hedricktown Ill. 1*
 (City, town, or county) (State or foreign country)
14. Maiden name: *Sally Cobb*
15. Birthplace: *New Madrid, Co. Mo. 0*
 (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant: *Sally Boyd*
(b) Address: *New Madrid Mo.*
17. (a) Burial, cremation, or removal: *Burial* **(b) Date thereof:** *4-30-47*
 (Month) (Day) (Year)
(c) Place: burial or cremation: *Pinhook*

23. Signature: *O. B. Chandler* (M. D. or other) *MS*
Address: *New Madrid* **Date signed:** *5/1/47*

18. (a) Signature of funeral director: *Richardson*
(b) Address: *New Madrid, Mo.*
19. (a) 5/2/47 **(b) Helen Louise Jones**
 (Date received local registrar) (Registrar's signature)

RECEIVED

District Office No.

District File Number 547-62

Date Filed 8-6-49

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.....

Allen C McSproun....., Registered Apprentice No. 512
working under my personal supervision.

Signed

Red Hedgesmith
.....
Licensed Embalmer No. 3803

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.