

S. No. 2
4-5-42
5-17-39
X32873

FILED SEP 2 1947
Registration District No. 2198

Primary Registration District No. 5823

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)

(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. (Specify whether)

In this community About 30 years
years, months or days

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. Farmington
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JULIE BELLE MONDON

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

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1947 hour 13:50 minute 0 P. M.

4. Sex FEMALE 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife IOWA MONDON

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

7. Birth date of deceased FEB - 14 - 1966
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5th 1946 to Aug 6 1947
that I last saw her alive on Aug 5th 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 6 Days 22
If less than one day hr. min.

Immediate cause of death Myocarditis

Due to Senility, arteriosclerosis

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

10. Usual occupation NONE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations SK

Of autopsy SK

MOTHER FATHER

11. Industry or business ✓

12. Name MORGAN KING

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

14. Maiden name UNK.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant John Mass

(b) Address St. Matthews Mo. (R)

17. (a) BURIAL (b) Date thereof AUG 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARMINGTON

18. (a) Signature of funeral director Richard J. E.

(b) Address New Madrid Mo.

19. (a) 8-18-47 (b) Nelson Ford Jones
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature O. B. Chandler (M. D. or other) MA
Address New Madrid Mo. Date signed 8/12/47

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

72
0
)

RECEIVED
District Health Office No. 2,
District File Number 8-11-1152
Date Filed 8-21-47

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.....

Allen C. Mulford Registered Apprentice No. 512

working under my personal supervision.

Signed..... *L. H. Heyworth*

Licensed Embalmer No. 3803

P. O. Address New Market, D.

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.