

FILED OCT 9 1947

Registration District No. 277

Primary Registration District No. 5829

Registrar's No. 30

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

1. PLACE OF DEATH:  
 (a) County New Madrid  
 (b) City or town New Madrid, Paragoo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: No. 3  
(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 all of life.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County New Madrid  
 (c) City or town Rural Paragoo  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MATTIE BURIBE PAUL  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept 16 day \_\_\_\_\_  
 year 1947 hour 5 PM minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Sept 6 47  
 \_\_\_\_\_, 19\_\_\_\_, to Sept 16, 1947  
 that I last saw him alive on Sept 16, 1947  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Influenza Duration \_\_\_\_\_

4. Sex FEMALE race COLORED  
 5. Color or race \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced SINGLE  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April - 24 - 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 4 22 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Child

11. Industry or business \_\_\_\_\_  
 12. Name Martha Paul Bonod  
 13. Birthplace Miss.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Baskin Paul  
 15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Paul  
 (b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Sept 21 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funic Paul  
 18. (a) Signature of funeral director Richard Paul

(b) Address New Madrid, Mo.  
 19. (a) 10/4/47 (b) Ellen De Leale  
(Date received local registrar) (Registrar's signature)

Due to Injury to Seat belt fast.  
 Due to \_\_\_\_\_  
 Other conditions. (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Influenza  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) Accident. Head tar  
 (b) Date of occurrence Sept 2 - 47  
 (c) Where did injury occur? New Madrid, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Quale M. Raven (M. D. or other) \_\_\_\_\_  
 Address New Madrid, Mo. Date signed 10-4-47  
(Specify type of place) (e) Means of injury

RECEIVED

District Health Office No. 2,

District File Number 1047-1312

Date Filed 10-2-47

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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 L. S. Hargrath.....

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.