No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35132

FILED NOV 5 1947

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 242

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: 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 all of life
years, months or days)

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

72
4
0
0

3. (a) PRINT FULL NAME Fredia Darlene Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

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 Oct (Month) — 3 (Day) — 1947 (Year)

8. AGE: Years | Months | Days 8 | If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Heath
15. Birthplace Morehouse (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Claud Heath
(b) Address New Madrid, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 (Month) (Day) 47 (Year)
(c) Place: burial or cremation Maunds

18. (a) Signature of funeral director Friends
(b) Address New Madrid, Mo.

19. (a) 10-30-47 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1947 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from — 19..., to — 19...;
that I last saw h — alive on — 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death
Buy all records
Due to Child was premature at birth
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. Hedgwith (M. D. or other) Coroner
Address New Madrid, Mo. Date signed 10/11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1142-1447
Date Filed 11-3-47

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 Baby Not Embalmed 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.