

FILED DEC 23 1947
Registration District No. **23**

Primary Registration District No. **3074**

1. PLACE OF DEATH:

(a) County **New Madrid**

(b) City or town **Deerston Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Sublet General Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Deerston**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **72**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MILDRED ANN JONES**

3. (b) If veteran; name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **19** year **1947** hour **12:00** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 17** 19**47**, to **Nov 19** 19**47**, that I last saw **her** alive on **Nov 19** 19**47** and that death occurred on the date and hour stated above.

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: **Nov** (Month) **16** (Day) **1946** (Year)

Immediate cause of death **Pneumonia**

Due to **Pertussis**

8. AGE: Years **1** Months **3** Days **3** If less than one day **hr. min.**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation **Child**

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)

11. Industry or business **Child**

PHYSICIAN

Underline the cause of which death should be charged statistically.

12. Name **William R. Jones**

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

14. Maiden name **Mary Langley**

15. Birthplace **Butler Co. Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **William R. Jones**

(b) Address **New Madrid Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 20 47** (Month) (Day) (Year)

(c) Place: burial or cremation **Sugar Tree Rye Co**

18. (a) Signature of funeral director **Richard E. C.**

(b) Address **New Madrid Mo**

19. (a) **12-2-47** (Date) (b) **Missouri** (State)

23. Signature **[Signature]** (M. D. or other) Address **New Madrid** Date signed **11/21/47**

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

MOTHER FATHER

303

RECEIVED
District Health Office No.
District File Number 1247-16
Date Filed 12-22-42

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 _____

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.