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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17037

State File No. \_\_\_\_\_

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 284

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: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

3. (a) PRINT FULL NAME Lizzie Jane Bracks  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April - 3 - 1917  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_  
12. Name Edd Jones  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle Smith  
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof 4/12/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic

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

19. (a) 4-24-48 (b) Delores Louise Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town New Madrid 12  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. \_\_\_\_\_ (If rural, give location) 5  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1948 hour 2:30 minute 9 . M.  
21. I hereby certify that I attended the deceased from 1.5  
November, 1945, to 11 April, 1948  
that I last saw her alive on 11 April, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cardiac Failure Duration 7 hrs

Due to Myocarditis, chronic 3 yrs

Due to Senile changes

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
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) \_\_\_\_\_  
(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 0

23. Signature Louis Smith (M. D. or other) MD  
Address New Madrid, Mo Date signed 23 Apr 48

RECEIVED

District Health Office No. 2,

District File Number 548-698

Date Filed 5-27-48

JUN 2 1948

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.....

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.