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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1948

Registration District No. 240

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20221

Primary Registration District No. 4358

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town Portageville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lelia McQueen

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race Black

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife David Mcqueen

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

7. Birth date of deceased Oct. 8, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	8	14	hr. min.

9. Birthplace Louisianna /
(City, town, or county) (State or foreign country)

10. Usual occupation housewife /

11. Industry or business

FATHER
12. Name Frank Woodard
13. Birthplace La. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary (don't know)
15. Birthplace La. /
(City, town, or county) (State or foreign country)

16. (a) Informant David McQueen
(b) Address Lilbourn, Mo.

17. (a) Burial (b) Date thereof 6-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Humphrey - Arkansas

18. (a) Signature of funeral director Dr. Fiele Funeral Parlor
(b) Address Portageville, Missouri.

19. (a) 6-27-48 (b) H. L. Ponder Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1948 hour 10 minute P M.

21. I hereby certify that I attended the deceased from June 12, 1948 to June 21, 1948
that I last saw him alive on June 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis & Stomach	3 days
Due to Hypertension & Metabolic [illegible]	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0

23. Signature [illegible] (M. D. or other)

Address Marston Date signed Jun 24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.