

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9318**

FILED MAR 24 1949

BIRTH NO. **49-003051** REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5823** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY NEW MADRID b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural New Madrid c. LENGTH OF STAY (in this place) 2 Mos. d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY NEW MADRID c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural New Madrid d. STREET ADDRESS (If rural, give location) Rural 2 Miles North	
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3. NAME OF DECEASED (Type or Print) EARNESTINE ALLISON a. (First) EARNESTINE b. (Middle) ALLISON c. (Last) ALLISON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 7, 1949		
5. SEX F. 3	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 12, 1949	9. AGE (In years last birthday) 1 25 Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (State or foreign country) NEW MADRID, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richards Allison	13b. MOTHER'S MAIDEN NAME Willie Mae Tucker	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richards Allison New Madrid

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical Attendant ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) my all record DUE TO (c) Death was due to II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia	INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 493X	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo H. Hedges	23b. ADDRESS Coroner New Madrid, Mo	23c. DATE SIGNED 3/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 8, 1949	24c. NAME OF CEMETERY OR CREMATORY Fannie Powell
24d. LOCATION (City, town, or county) (State) New Madrid, Mo.		

DATE REC'D BY LOCAL REG. 3-17-49	REGISTRAR'S SIGNATURE Helene Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leo H. Hedges New Madrid
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

7200

RECEIVED

District Health Office No.

District File Number 349-

Date Filed 3-22-

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 _____

No Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. H. Hargrett

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.