

BIRTH NO. 14107-49 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LILLGOURN, RI		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LILLGOURN, RI. 720	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.		d. STREET ADDRESS (If rural, give location) 5	

3. NAME OF DECEASED (Type or Print) a. (First) BALU b. (Middle) BROWN c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) NOV-4-49			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH NOV-4-1949	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min. 5 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LILLGOURN, RI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FATHER BROWN		13b. MOTHER'S MAIDEN NAME Sybil DILL		14. NAME OF HUSBAND OR WIFE No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME FATHER BROWN ADDRESS LILLGOURN, MO. RI.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 776X	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) Portageville New Madrid Tenn
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4 Nov 1949** to **4 Nov 1949**, that I last saw the deceased alive on **4 Nov 1949**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Painter Jr. M.D. (Degree or title)	23b. ADDRESS Portageville, Mo.	23c. DATE SIGNED Nov. 9, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 5-49	24c. NAME OF CEMETERY OR CREMATORY MAIDEN	24d. LOCATION (City, town, or county) (State) MAIDEN Mo.
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DATE REC'D BY LOCAL REG. Nov. 12 1949	REGISTRAR'S SIGNATURE H. L. Ponder	25. FUNERAL DIRECTOR'S SIGNATURE 218 Richards Undert. Co ADDRESS New Madrid Mo.
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 25 19
District Health Office No
District File Number 1149-
Date Filed _____

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Not Embalmed

Signed _____

Signed _____
Student Embalmer

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.