

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **38087**

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **57**

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 OR TOWN New Madrid	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) New Madrid Mo. 4	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION No.			

3. NAME OF DECEASED (Type or Print)	a. (First) ROSIE	b. (Middle) (HARRIS)	c. (Last) Willis	4. DATE OF DEATH (Month) (Day) (Year) NOV-9-49
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH April-3-1903	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY L	11. BIRTHPLACE (State or foreign country) MARTIN TENN	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME GEORGE CAROL BLACK	13b. MOTHER'S MAIDEN NAME MARY LANE	14. NAME OF HUSBAND OR WIFE L
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from June, 1949, to Nov, 1949, that I last saw the deceased alive on 9 Nov, 1949, and that death occurred at 7: p. m., from the causes and on the date stated above.

23a. SIGNATURE Joni Smith M.D. (Degree or title)	23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 17 Nov 49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV-12-49	24c. NAME OF CEMETERY OR CREMATORY Mounts	24d. LOCATION (City, town, or county) (State) New Madrid Mo.
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DATE REC'D BY LOCAL REG. 11-22-49	REGISTRAR'S SIGNATURE Helen Lou Jones	25. FUNERAL DIRECTOR'S SIGNATURE Richard Underhill, Jr. ADDRESS New Madrid Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 28
District Health Office
District File Number *49-1*

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.

Signed _____

Leo H. Smith

Signed _____
Student Embalmer

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.