

FILED MAR 14 1940

Registration District No. **274**

Primary Registration District No. **4063**

Registrar's No. _____

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 35 years
years, months or days

8. (a) PRINT FULL NAME MARTHA E. COOK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If
alive _____ years
7. Birth date of deceased Feb 26 1880
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 20 If less than one day
hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name unk 9
13. Birthplace unk
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Cook
(b) Address Lilbourn, Mo.

17. (a) Burial (b) Date thereof Jan 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mounts pole

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

19. (a) Jan 18/40 (b) E. E. Jones 537
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Lilbourn Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1940 hour 11 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan 6
1940 to Jan 16, 1940,
that I last saw her alive on Jan 15, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to old age and influenza

Due to _____
Other conditions (include pregnancy within 3 months of death) HW

Major findings: _____
Of operations _____
Of autopsy _____

Duration 5 1/2
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 _____

23. Signature E. E. Jones (M. D. or other)
Address Lilbourn Mo Date signed Jan 16 1940

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

RECEIVED

District Health Officer No. 2,

District File Number 340-788-

Date Filed 3/13/40

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, above space should be left blank.