

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid, Mo., Med. I
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community About 50 years
years, months or days None (Specify whether)

3. (a) PRINT FULL NAME LUCY CLARK

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bill Clark 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased About 1898
(Month) (Day) (Year)

8. AGE: Years about 92 Months Days If less than one day hr. min.

9. Birthplace In Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Green Duffie G

13. Birthplace unk.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Duffie

15. Birthplace unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Log Boyd
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Feb. 25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid, Mo.

18. (a) Signature of funeral director Richard and Co
(b) Address New Madrid, Mo.

19. (a) 3/14/1940 (b) Wm O. Banner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 W of Newnan
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1940 hour 3:00 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 10
1939 to Feb 24 1940
that I last saw her alive on Feb 15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Intestinal
Nephritis
Due to Senility
Other conditions 781
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy no

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?

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. D. Payne (M. D. or other) 1
Address New Madrid, Mo. Date signed 2 24 40

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

2

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.