

Registration District No. 604

Primary Registration District No. 5802

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Catron (If outside city or town limits, write "RURAL" and name of township) rural
(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 2 years, months or days)

3. (a) PRINT FULL NAME C. B. Young 520

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

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased March 7 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 hr. min.

9. Birthplace Catron mo
(City, town, or county) (State or foreign country)

10. Usual occupation airport

11. Industry or business

12. Name Dr. L. C. Young

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

14. Maiden name Miss B. Harris

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

16. (a) Informant Louis Thompson

(b) Address Catron, mo.

17. (a) Burial (b) Date thereof July 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catron mo.

18. (a) Signature of funeral director L. A. Richards

(b) Address New Madrid, mo.

19. (a) 7/20/40 (b) Wm O. Baunon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid
(c) City or town Catron (If outside city or town limits write "RURAL") rural
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death died without medical attention - from record colitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 533

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

23. Signature L. A. Richards (M, D, or other)

Address New Madrid, mo. Date signed 7-8-40

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

RECEIVED

District Health Officer No.

District File Number 840-12

Date Filed 8/1/40

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.

Registration District No. **604**

Primary Registration District No. **5802**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **New Madrid, Mo.**
(b) City or town **New Madrid, Mo.**
(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 _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Curtis B. Young**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color **col** 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

9. (a) **7/20/1940** (b) **Wm O'Bannon**
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month **July** day **8** year **1940** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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 _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

