

EMER OCT 18 1940

Registration District No. 6-7

Primary Registration District No. 570 6 4361

Registrar's No. 47

I. PLACE OF DEATH

(a) County New Madrid
(b) City or town Portageville
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Portageville, 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 August day 13
year 1940 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from Aug 13, 1940, to Aug 13, 1940
that I last saw her alive on Aug 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis
mitral stenosis
Duration 3
7
Due to _____
Due to _____
Other conditions Hypertension
(include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ella Thompson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ben Thompson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 11, 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Shelby County Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Neal West

13. Birthplace Shelby County Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Becky Glenn

15. Birthplace Shelby County Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Neal West

(b) Address Portageville

17. (a) Burial (b) Date thereof 8/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Prospect

18. (a) Signature of funeral director Reuben Funeral Parlor
(b) Address Portageville Mo

19. (a) Sept. 30, 1940 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

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? 535 (Specify type of place) (e) Means of injury _____
23. Signature John J. Killian (M. D. or other) _____
Address Portageville Mo Date signed 8-13-40

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

RECEIVED

District Health Officer No. 2,

District File Number 1040-157

Date Filed 10/3/40

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.