

Registration District No. 567 Primary Registration District No. 580

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid **ST**
 (b) City or town East Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's - Catholic - Hill
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hours
 (Specify whether
 In this community:
 years, months or days)

3. (a) PRINT FULL NAME MARY FRANCIS BAIN

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

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George C. Bain 6. (c) Age of husband or wife if alive 4 years
 7. Birth date of deceased March 7, 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 14 If less than one day hr. min.9. Birthplace Benton 1 Tenn.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 12. Name Thomas Black
 13. Birthplace Benton 1 Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Crossnoe
 15. Birthplace Benton 1 Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Maudie Douglas
(b) Address Candlen Tennessee17. (a) Removal (b) Date thereof Jan. 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Hill18. (a) Signature of funeral director Candlen Funeral Home
(b) Address Candlen, Tennessee19. (a) (Date received local registrar) (b) ✓ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn. (b) County Benton **999**
 (c) City or town Candlen **40**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **0**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21,
year 1941 hour 5:10 minute P M.21. I hereby certify that I attended the deceased from Jan 11, 1941 to Jan 21, 1941,
that I last saw her alive on Jan 21, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

22 Tetanus ✓

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

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?
501

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

23. Signature George W. Whitaker (M. D. or other) **0**Address East Prairie Mo Date signed 1/22/41

FEB 25 1941

121

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.....

Was not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edd C. Holland

Licensed Embalmer No.....

1390

P. O. Address.....

Bunker Denver

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7690
State File No. *Deceased*
Registrar's No. *27*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. *367*

Primary Registration District No. *5803*

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

1. PLACE OF DEATH:

(a) County *New Madrid*

(b) City or town *East Prairie*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: *12 hrs.*
(Specify whether in this community, years, months or days)

3. (a) PRINT FULL NAME *Mary Francis Paine*

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive

7. Birth date of deceased: (Month) *7* (Day) *10* (Year) *14*

8. AGE:	Years	Months	Days	If less than one day
	<i>61</i>	<i>10</i>	<i>14</i>	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 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) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation

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

19. (a) *May 19-44* (Date received local registrar) (b) *Mrs. D. M. Hodge* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Tennessee* (b) County *Benton*

(c) City or town *This is a rural area*
(If outside city or town limits write "RURAL")

(d) Street No. *was new*
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? years

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *1* day *21* year _____ 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: *Tetanus*

Due to *died in New Madrid Co about 4 miles west of East Prairie, Mo.*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *12*

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 *Geo W. Whitaker* (Date) _____ (Address) *East Prairie* Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

No. 2
1-4-41
1-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7690

Registration District No. 562

Primary Registration District No. 5803

Registrar's No. _____

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town St John T.P.
(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 _____ (Specify whether
years, months or days)

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Francis Bain
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 21
year 1941 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.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced wid
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)

Immediate cause of death
28 Tetanus
Due to infection of right hand due to sand bur
Due to _____
Other conditions (include pregnancy within 3 months of death) 12
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
61 10 14 hr. _____ min. _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence do not know
(c) Where did injury occur? rural New Madrid Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm around the home
While at work? yes (Specify type of place)
(e) Means of injury sand bur in hand

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

SUPPLEMENT

Duration about 3 wks
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

23. Signature Geo W Whitaker (M. D. or other)
Address East Prairie Mo Date signed 5/15/41

(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 76907

Registration District No. 267

Primary Registration District No. 5803

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town St. John
(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, month or days)

3. (a) PRINT FULL NAME Mary Francis Baer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ month _____ day

7. Birth date of deceased Mar 7 1869
(Month) (Day) (Year)

8. AGE: Years 71 tot Months 10 Days 14 If less than one day _____ 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 _____
(City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month Jan day 21
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 (Immediate cause of death _____)

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) (Circumstances of injury)

23. Signature Les Whitaker (M. D. or other) _____
 Address East Prairie Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER