

Registration District No. 274

Primary Registration District No. 4063

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid
(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) 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 72
(c) City or town _____ (If outside city or town limit write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 41 hour 5:09 minute A. M.
21. I hereby certify that I attended the deceased from 5-20
1941 to 5-22 1941
that I last saw him alive on 5-21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Calculus due to Malnutrition 2 wks
Duration _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Luiza Davis

3. (b) If veteran, name war no 3. (c) Social Security No. 710

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased. 5 (Month) 9 (Day) 1940 (Year)

8. AGE: Years _____ Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Willie Klavis
13. Birthplace Lebanon Mo (City, town, or county) (State or foreign country)
14. Maiden name Olivia Klavis
15. Birthplace Lebanon Mo (City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Klavis
(b) Address Lebanon Mo

17. (a) _____ (b) Date thereof 5-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Mo

18. (a) Signature of funeral director Willie Klavis

(b) Address Lebanon Mo

19. (a) May 22/41 (Date received local registrar) (b) E. C. Jones (Registrar's signature)

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

JUN 20 1941

RECEIVED

District Health Officer No. 2,

District File Number 641-816

Date Filed 6/12/41

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.