

Registration District No. 607

Primary Registration District No. 5806

Registrar's No. 45

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural Postage  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 30  
year 1941, 6 hour \_\_\_\_\_ minute A M.

21. I hereby certify that I attended the deceased from  
July, 26, 1941, to July, 26, 41, 1941;  
that I last saw him alive on July, 20th, 41, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Marasmus Duration \_\_\_\_\_

Due to Improper feeding 1 1/2

Due to \_\_\_\_\_ 150

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. H. Reader (M. D. or other) D  
Address Portageville, Mo. Date signed 7/30/41

3. (a) PRINT FULL NAME Luz Ellen Wells

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased: Sept 11 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Madrid Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Luz Wells

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

14. Maiden name Edith Phillips

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Luz Wells

(b) Address Postageville Missouri

17. (a) Rural (b) Date thereof 7-31-1941  
(Burial, cremation, or reposal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Mo.

18. (a) Signature of funeral director Friend  
(b) Address \_\_\_\_\_

19. (a) June 30, 1941 (b) Mary W. Eate  
(Date received local registrar) (Registrar's signature)

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

**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.....

*Not Embalmed*

....., 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, fact should be so stated above.**