

FILED SEP 9 1941

Registration District No. 72

Primary Registration District No. 3009

Registrar's No. 301

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. FRANCIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether)
In this community 9 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town New Madrid
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME LEONA BROWN

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

4. Sex FEMALE 5. Color or race colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Will Brown, Jr. 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased MAY 1 - 1923
(Month) (Day) (Year)

8. AGE: Years 18 Months 3 Days 5 If less than one day hr. _____ min. _____

9. Birthplace NEW MADRID, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business No

12. Name Alphonso ALLEN

13. Birthplace NEW MADRID, MO.
(City, town, or county) (State or foreign country)

14. Maiden name LETTA LA FONT
15. Birthplace NEW MADRID, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Will Brown Jr.
(b) Address New Madrid, Mo.

17. (a) Burial (b) Date thereof Aug 10 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MASONIC POINT PLEASANT

18. (a) Signature of funeral director Richard and Co.
(b) Address New Madrid Mo.

19. (a) 8-12-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1941 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 7/27, 1941, to 8/6, 1941;
that I last saw h. or alive on 8/6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Appendicitis
of the ovary
Due to _____

Due to 60
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Appendicitis
Of operations Repat. 3. Ovaries
Of autopsy None

Duration
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) (c) Means of injury _____

23. Signed At Smith (M. D. or other) MD
Address Cape Girardeau State signed Mo

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

16
4

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

Leo H. Hegeruth

Licensed Embalmer No.

3803

P. O. Address

New Madrid, Mo

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.