

FILED FEB 18 1942

State File No. _____

Registration District No. 6072

Primary Registration District No. 5806

Registrar's No. 9

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Portageville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs 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.

3. (a) PRINT FULL NAME DAVE HOODLEY Jr.

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

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

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years 3:21 (approx) Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name Dave Woodley

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

14. Maiden name Fannie Phillip

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

16. (a) Informant Stanley Hawkins

(b) Address Portageville Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 27 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Atoka Tenn

18. (a) Signature of funeral director Memphis uni Funer

(b) Address 681 Wells

19. (a) Jan 28, 1942 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1942 hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from July 1941 to Jan 27 1942
that I last saw him alive on Oct 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions 13 ft
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 D

23. Signature John J. Killion (M. D. or other) _____

Address Portageville Mo Date signed 1-27-42

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
6
0

RECEIVED

District Health Office No. 2,

District File Number 2-42-189

Date Filed 2-10-42

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, fact should be so stated above.