

FILED MAR 16 1942

Registration District No. 609

Primary Registration District No. 4358

Registrar's No. 22

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community all of life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Helen Marie Yates

8. (b) If veteran, name war No.

8. (c) Social Security No. No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Oct 15 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

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

MOTHER { 12. Name Edger Yates

13. Birthplace New Madrid, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Butler

15. Birthplace New Madrid, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Edger Yates

(b) Address New Madrid Mo

17. (a) Burial (b) Date thereof 2-3-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid Mo

18. (a) Signature of funeral director None

(b) Address New Madrid, Mo

19. (a) Feb. 16, 1942 (b) Alice Spitzer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid, Mo

(c) City or town New Madrid  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1942 hour 5 minute 2 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: Enteritis, acute

Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 119a

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Sam Smith (M. D. or other) MD

Address New Madrid Mo Date signed 2-3-42

RECEIVED

District Health Office No. 21

District File Number 342/334

Date Filed 3/9/42

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**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.**