

Registration District No. 241

Primary Registration District No. 5829

Registrar's No. 20

72
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portage Township
(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

3. (a) PRINT FULL NAME Louise Betty Sue Peete

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

4. Sex Female 5. Color or race Black

6. (a) Single, widowed, married, divorced _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Dennis Peete

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

14. Maiden name Dena Bridgeford

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

16. (a) Informant Dennis Peete

(b) Address Portageville, Route 2, Mo.

17. (a) Burial (b) Date thereof 7-10-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director J. O. Conrad

(b) Address Portageville Mo

19. (a) July 10-42 (b) Edith Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 72

(a) State Missouri (b) County New Madrid

(c) City or town Rural RA 20
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 11 minute 50P.

21. I hereby certify that I attended the deceased from July 4, 1942 to July 9, 1942 that I last saw her alive on July 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute bacterial meningitis

Due to _____

Due to _____

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

Major findings: none

Of operations none

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) (e) Means of injury _____

23. Signature J. O. Conrad M. D. or other _____

Address Portageville, Mo Date signed 7-10-42

RECEIVED

District Health Office No. 2,

District File Number 842-39761024

Date Filed 8-10-42

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.....

Not Embalmed,

....., Registered Apprentice No.

working under my personal supervision.

Signed: *Noel C. Deane*

Licensed Embalmer No. 3941

P. O. Address *Portageville*

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.