

FILED NOV 5 1942 238

Registration District No.

Primary Registration District No. 5823

1. PLACE OF DEATH:

(a) County. New Madrid
(b) City or town. Rural New Madrid Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. No
In this community. all of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. New Madrid
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 miles N of New Madrid
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME. HELEN VIRGINIA STANFORD

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 alive. ✓ years

7. Birth date of deceased. July 26 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 15 hr. min.

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

10. Usual occupation. Child

11. Industry or business. ✓

MOTHER FATHER
12. Name. Jimmie Stanford
13. Birthplace. Hughes Ark
(City, town, county) (State or foreign country)
14. Maiden name. Louise Head
15. Birthplace. Ark
(City, town, county) (State or foreign country)

16. (a) Informant. Jimmie Stanford

(b) Address. Keosauqua Mo

17. (a) Rural (b) Date thereof. 10/12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Keosauqua Mo

18. (a) Signature of funeral director. Friends

(b) Address. ✓

19. (a) 10/13/42 (b) Alice Spidler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1942 hour 7:00 minute 0 a.m.

21. I hereby certify that I attended the deceased from ✓ 19... to ✓ 19...
that I last saw h... alive on ✓ 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. No medical attendant by all records death was due to smothered in bed with parents.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 161a
Of autopsy. ✓

Duration
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. By
23. Signature. Leo Hedgcock Deputy Coroner
Address. New Madrid Mo Date signed. 12/12-42

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

RECEIVED

District Health Office No. 2,

District File Number 1142-1368

Date Filed 11-3-42

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..... *Not Embalmed.*

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.