

FILED APR 15 1943

Registration District No. **209**

Primary Registration District No. **5825**

Registrar's No. **4356**

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

0072

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Como (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** (Specify whether
In this community **About 2 years** years, months or days)

3. (a) PRINT FULL NAME **NORMAN DE PRIEST**

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

4. Sex **M** 5. Color or race **Black** 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 **FEH 12 - 1923**
(Month) (Day) (Year)

8. AGE: Years **20** Months **1** Days **22** If less than one day
hr. min.

9. Birthplace **unk Ark 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm labor**

11. Industry or business

12. Name **Alford Bedford**

13. Birthplace **unk Ark 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Surrella Buckley**

15. Birthplace **unk Ark 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Surrella De Priest**

(b) Address **Parma, Mo.**

17. (a) **Burial** (b) Date thereof **4-4-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catron**

18. (a) Signature of funeral director **County Case**

(b) Address **New Madrid (County)**

19. (a) **Apr 5-43** (b) **Mrs. S. B. Radmanis**
(Date received local registrar) (Registrar's signature)

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. **1 Mile North of Parma**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1943** hour **1:00** minute **a.m.**

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

Immediate cause of death **Knife stabbed**
wound, right upper part of
neck 1 1/2 inch below ear.
Due to **Stabbed in chest about**
heart, small cuts in chest

Other conditions
(Include pregnancy within 3 months of death) **—**

Major findings:
Of operations **—**

Of autopsy **No**

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) **Homicide**
(b) Date of occurrence **4-4-43**
(c) Where did injury occur? **New Madrid Co Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? **no** (Specify type of place) (e) Means of injury **knife cut**

23. Signature **Prof. Helguth Deputy Coroner**
Address **New Madrid Mo** Date signed **4-4-43**

RECEIVED

District Health Office No. 2,

District File Number 442-503

Date Filed 4-12-48

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 Max Embalmer

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.