

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

48153
State File No. _____
Registrar's No. 62

FILED DEC 17 1943
238
Registration District No. _____

Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County NEW MADRID
(b) City or town NEW MADRID
(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 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 NEW MADRID
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN R. CONRAN

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

4. Sex FEMALE 5. Color or race W
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive 31 years (Day) (Year)

7. Birth date of deceased: DEC 31, 1893
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace: NEW MADRID Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE
11. Industry or business _____
12. Name J. K. Rabbinis, Sr.
13. Birthplace New Madrid Co. MO.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Elizabeth
15. Birthplace unk. unk.
(City, town, or county) (State or foreign country)

16. (a) Informant J. V. Conran
(b) Address New Madrid, Mo.
17. (a) Burial (b) Date thereof Nov 3 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Emergency
18. (a) Signature of funeral director Roberts and Co
(b) Address New Madrid, Mo.
19. (a) Nov. 11, 1943 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1943 hour 11:30 minute _____ a. 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: No Medical attendant by all record death was due to Acute Myocarditis
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

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 Lig Heddyth Deputy Coroner
(Date of death) (Signature)
Address New Madrid Date signed 11/5/43

RECEIVED

District Health Office No. 2,

District File Number 1243-1567

Date Filed 12-14-42

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 Leo Hedgcock

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo

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.