

S. No. 2
M-5-42
v. 5-17-39
P-I X32873

7841

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED MAR 17 1944

Registration District No. 240

Primary Registration District No. 5827

Registrar's No. 106

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 Lewisburg
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town New Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Louis Heard
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 29
year 1944 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from
Jan., 28, 1944 to Jan., 28, 1944
that I last saw him alive on Jan., 28, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Black
6. (a) Single, widowed, married, divorced married
7. Name of husband or wife Mary Heard
8. (c) Age of husband or wife if alive 82 years
9. Birth date of deceased March 12 - 1847
(Month) (Day) (Year)

Duration
Immediate cause of death Apoplexy

8. AGE: Years 96 Months 10 Days 17
If less than one day hr. min.

Due to Cerebral Arteriosclerosis.
Due to

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

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation None

Major findings:
Of operations AS ABOVE
Of autopsy

11. Industry or business

MOTHER FATHER
12. Name unk
13. Birthplace unk (City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
131 f

16. (a) Informant Allen Heard

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

(b) Address Portageville, R. 1, P. 57

(b) Date of occurrence

17. (a) Burial (b) Date thereof 2/1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Masonic

(Specify type of place)
While at work? (e) Means of injury 0

18. (a) Signature of funeral director Richards and Co.

23. Signature A. A. Reader (M. D. or other)
Address Portageville, Mo Date signed 2-8-44

(b) Address New Madrid, Mo.

19. (a) 2-9-44 (b) M. D. J. Parrett
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Office No. 2,

District File Number 344-486

Date Filed 3-9-44

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 H. Hays

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.