

5. No. 2  
M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 20 1944  
Registration District No. 238

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 4355

State File No. 28122  
Registrar's No. 20

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) 1  
(d) Length of stay: In hospital or institution No (Specify whether)  
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 Rural 7.2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 2 1/2 mile south (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country 0

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 12  
year 1944 hour 12:15 minute P.M.  
21. I hereby certify that I attended the deceased from 7/19, 1943, to 3/12/44, 1944;  
that I last saw her alive on 3/12, 1944,  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race BLACK 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased July 18-1919  
(Month) (Day) (Year)

Immediate cause of death Pneumonia - RLL, RUL  
Due to 108  
Due to 108  
Other conditions (include pregnancy within 3 months of death) 108

8. AGE: Years 24 Months 8 Days 2 If less than one day hr. min.  
9. Birthplace unk Ark. (City, town, or county) (State or foreign country)  
10. Usual occupation House work

Major findings: Of operations 108  
Of autopsy 108  
PHYSICIAN 108  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
11. Industry or business 0  
12. Name Hamon Staple  
13. Birthplace unk Miss (City, town, or county) (State or foreign country)  
14. Maiden name Essie Green  
15. Birthplace unk Miss (City, town, or county) (State or foreign country)  
16. (a) Informant Essie Staple  
(b) Address New Madrid Mo. R.L. B. 43  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Community  
18. (a) Signature of funeral director R. Edwards and Co  
(b) Address New Madrid Mo  
19. (a) 5-24-44 (Data received local registrar) (b) Helen L. Jones (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 0  
(b) Date of occurrence 0  
(c) Where did injury occur? (City or town) (County) (State) 0  
(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 0  
23. Signature B. J. Greenstein, M.D. (M. D. or other) 0  
Address New Madrid Date signed 3/12/44

RECEIVED

District Health Office No. 2,

District File Number 644-879

Date Filed 6-14-44

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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.