

FEB JUL 12 1945
Registration District No. **238**

Primary Registration District No. **4355**

Registrar's No. **196**

72
80
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 Matthius 72
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME RICHARD SMITH

3. (b) If veteran, name war NO.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1942 hour 2:00 minute 9 P.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 attendants. Child was premature

4. Sex M 5. Color or race BLACK

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____ years

7. Birth date of deceased March - 26 1945
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 15

Of autopsy _____

8. AGE: Years _____ Months _____ Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Matthius Mo.?
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name un married (Richard Smith)

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Rose Webb

15. Birthplace unmarried Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Simmons

(b) Address Matthius, R. 1

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sanhill Friends

18. (a) Signature of funeral director _____

(b) Address Matthius

19. (a) June 20 - 1945 New London
(Date received local registrar) (Registrar's signature)

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 Leo Hellyer (M.D. or other) _____
Address New Madrid Date signed 5/14-43

RECEIVED

District Health Office No. 2

District File Number 145-94

Date Filed 7-11-43

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.