

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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34252

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 30

FILED NOV 6 1946
Registration District No. 241

Primary Registration District No. 5829

33073
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Abt. one yr.
years, months or days

3. (a) PRINT FULL NAME Lizzie Thomas

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

4. Sex F 3 5. Color or race Col. 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 _____ (Month) (Day) (Year)

8. AGE: Years Abt. 51 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace unknown 9 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name William Blue 9

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

14. Maiden name unknown

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

16. (a) Informant Maggie Lee Everett 1

(b) Address Portageville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Mo.

18. (a) Signature of funeral director J. L. German

(b) Address Steele, Mo.

19. (a) 9-17-46 (Date received local registrar) (b) Ellen Dedush (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 77

(c) City or town Portageville (rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1946 hour 8:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cut with knife on left side of heart

Due to _____

Due to _____

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

Major findings: Of operations 169

Of autopsy _____

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 Sept 7 - 1946

(c) Where did injury occur? New Madrid, 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 _____

23. Signature L. Dedush Carmer
(M.D. or other) Address New Madrid, Mo. Date signed 9/9-46

219 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2

District File Number 1246-1276

Date Filed 10-29-46

NOV 6 1946

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.....

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.