

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37813**
Registrar's No. **178**

FILED DEC 11 1946
Registration District No. **238**

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 None
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County New Madrid

(c) City or town CITY - New Madrid
(If outside city or town limits, write "RURAL")

(d) Street No. CITY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Lonnie Wayne Tallie

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased Nov 15 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29
year 1946 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased on Nov. 29 1946
that I last saw him alive on Nov. 29 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 14 _____ hr. _____ min.

Immediate cause of death: Bronchopneumonia

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Child

11. Industry or business ✓

12. Name Lon B. Tallie

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

14. Maiden name Jewel Shepard

15. Birthplace New Madrid MO.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lon B. Tallie

(b) Address New Madrid

17. (a) Burial (b) Date thereof Nov 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Revergreen

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

(b) Address New Madrid MO.

19. (a) 12-2-46 (b) Helena Louise Jones
(Date received local registrar) (Registrar's signature)

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 B. J. Allenstein (M. D. or other)
Address M.D. Date signed 11/30/46

216

RECEIVED

District Health Office No. 2,

District File Number 1246-1412

Date Filed 12-5-46

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.....

Not Embalmed. Registered Apprentice No.....
working under my personal supervision.

Signed.....

I. G. Collins
Licensed Embalmer No. 4346

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.