

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

5578

State File No. _____

FILED FEB 13 1947

Registration District No. 241

Primary Registration District No. 4360

Registrar's No. 491

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville
(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 No
(Specify whether years, months or days)

In this community about 36 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville
(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 ROSIE PETERSON

3. (b) If veteran, name war No

3. (c) Social Security No. 495-28-7908

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1947 hour unk minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife L.P. Peterson

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

7. Birth date of deceased May 11 - 1888
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 58 Months 8 Days 8 If less than one day hr. _____ min. _____

Coronary Thrombosis
Due to Coronary Arteriosclerosis

Duration _____

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

10. Usual occupation House work

Due to _____

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

11. Industry or business _____

12. Name George Batchlar

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

14. Maiden name unk

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy yes gcp

16. (a) Informant L.P. Peterson

(b) Address Catron, Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/21-47
(Month) (Day) (Year)

(c) Place: burial or cremation Portageville

18. (a) Signature of funeral director Richard Valco

(b) Address New Madrid, Mo.

19. (a) 1-25-47
(Date received local registrar)

(b) Ellen De Lisi
(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 Car

23. Signature L.S. Hildybeth (M.D. or other) _____

Address New Madrid, Mo Date signed 1/20-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

72
6
0

219

RECEIVED

District Health Office No. 2,

District File Number 247-254

Date Filed 2-17-47

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.....

I. J. 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.