

FILED APR 28 1947
Registration District No. 238

Primary Registration District No. 5823

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11/11/47
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: New Madrid

(b) City or town: Matthews R# 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

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

In this community: 55 years
years, months or days

3. (a) PRINT FULL NAME: May E. Black

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 1, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	10	17	hr. min.

9. Birthplace: Oran MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____

MOTHER FATHER

12. Name: Nancy Smith

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

14. Maiden name: David Patterson

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

16. (a) Informant: Daughter

(b) Address: Matthews - Mo R# 2

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

(b) Date thereof: 3/20/47
(Month) (Day) (Year)

(c) Place: burial or cremation: Resident

18. (a) Signature of funeral director: Robbie Taylor

(b) Address: Repton Missouri

19. (a) 4-14-47
(Date received local registrar)

(b) Nelson Land Jones
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: New Madrid

(c) City or town: Matthews R# 2
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day Mar
year 1947 hour 6th minute 25 P.M.

21. I hereby certify that I attended the deceased from 2/15/47 to 2/20/47
that I last saw alive on 2-15 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction

Duration _____

Due to: Myocardial infarction

Due to _____

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

Major findings: _____

Of operations: 93P

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) _____

(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: W. J. M. [unclear] (M. D. or other) _____

Address: East Plains, Mo Date signed: 4-14-47

AUG 2 1947

RECEIVED
District Health Officer No. 2
District File Number 447-551
Date Filed 4-14-47

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 on 7/18/47, Registered Apprentice No. _____ working under my personal supervision.

Signed W. E. Ellis
Licensed Embalmer No. 4218
P. O. Address Troy, 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.