

FILED AUG 28 1947

Registration District No. 220

Primary Registration District No. 4357

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Marston
(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 _____

3. (a) PRINT FULL NAME Laura I. Steward

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 1, 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Pemiscot, Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Billy Wilson

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

14. Maiden name Mary Williams

15. Birthplace Obion, Co., Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Welchans

(b) Address Marston, Mo.

17. (a) Burial (b) Date thereof 8/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 8-13-47 (b) H. S. Smith Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4,
year 1947n hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 25, 1947, to Aug 14, 1947;
that I last saw him alive on July 25, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions Hy factum
(Include pregnancy within 9 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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 X

23. Signature Claude M. Raven (M. D. or other) _____

Address Marston, Mo. Date signed 8-8-47

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.....

William D. Dike....., Registered Apprentice No. *440*
working under my personal supervision.

Signed *James A. Osburn*.....
Licensed Embalmer No. *4185*
P. O. Address *Caruthersville, 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.