

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

39025

State File No.

FILED DEC 15 1947

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 252

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural Rt 1 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 _____ (Specify whether _____)

In this community all life (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Miles North of New Madrid
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ethel Nellie Broughton Moore

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 6:30 minute 4 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1946, to June 21 1947, that I last saw her alive on June 18 1947; and that death occurred on the date and hour stated above

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Alphus Moore

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 22 1880
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure Duration _____

8. AGE: Years Months Days If less than one day

67 0 29 hr. min.

Due to Myocarditis, Chronic

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

Due to Senile Changes

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name Arthur Broughton

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

14. Maiden name Nancy Hunter Broughton

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

Major findings: _____
Of operations _____

Of autopsy 975

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Albert Ransburg

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof June 23, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

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? _____

18. (a) Signature of funeral director Richard Mull Co

(b) Address New Madrid Mo.

19. (a) 8-1-47 (b) Delores Lund Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Louis Smith (M. D. or other) MD

Address New Madrid Mo Date signed July 47

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1247-1575

Date Filed 12-11-47

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.....

Allen McSpodden, Registered Apprentice No. 512

working under my personal supervision.

Signed.....

L. S. Hedgcock

Licensed Embalmer No. 3803

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.