

S. No. 2  
DM-2-43  
v. 5-17-39  
X35697

42457

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 8 1948

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 124

1. PLACE OF DEATH: New Madrid

(a) County Combs

(b) City or town Combs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 6 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Village of Combs 72  
(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 MARY WEBBER-CULLUM

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 27, year 1947, hour 7 minute 25 A.M.

4. Sex F

5. Color of hair White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased: (Month) July (Day) 30 (Year) 1856

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 3 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death No. Medical attention by all records death was due to myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housewife (retired)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Andrew Caldwell

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

14. Maiden name unknown

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

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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

16. (a) Informant George Cullum

(b) Address Shirley Mo. H. I.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-29-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Shirley Ark.

18. (a) Signature of funeral director Walter Journal Service

(b) Address Parma

19. (a) Dec 28/47 (Date received by registrar) (b) Arthur W. Husted (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 over

23. Signature Leo Redmond (M.D. or other) Coroner

Address New Madrid Mo. Date signed 12/2-47

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

TM 271948

RECEIVED  
District Health Office No. 2,  
District File Number 148-24  
Date 1-5-48

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 Lynnan Steele  
Licensed Embalmer No. 2476  
P. O. Address Nexter 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.