

REC'D JUN 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18816  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 390  
(b) Township Union Primary Registration District No. 5545 Registered No. 8  
(c) City Des Arc (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

CHARLES PRICE McCUE  
(a) Residence, No. Des Arc St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1959

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Town

13. NAME Barny McCue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Subord

15. MAIDEN NAME Sarah Jamerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinn.

17. INFORMANT (ADDRESS) Sarah St. allis

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc DATE Dec 2 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. St. Gish 352  
Redmont

20. FILED 1939 1939 39 Des Arc Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938, to Dec 1 1938

I last saw him alive on Dec 1 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset

Other contributory causes of importance: 1076

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) Ed. Jamerson, M. D.

(Address) Redmont, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

*Norman W. Gish*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Norman W. Gish*

Licensed Embalmer No. *2287*

P.O. Address *Ridgmont*

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, above space should be left blank.