

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-19-38

1 X18605

K. 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.

NOV 14 1939

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

36739  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604  
(b) Township New Madrid Primary Registration District No. 4358 Registered No. \_\_\_\_\_  
(c) City New Madrid (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charlie Otto Petty  
(a) Residence, No. New Madrid, Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27 1939</u>		
7. AGE	YEARS	MONTHS
		DAYS
	<u>3</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>New Madrid, Mo.</u>		
FATHER	13. NAME <u>Kendall Petty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Laura Minner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Kendall Petty, New Madrid, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Madrid, Mo.</u> DATE <u>Oct 21 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Richardson Lumber Co., New Madrid, Mo.</u>		
20. FILED <u>10/30 1939</u> <u>Wm O'Bannon</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1939 to Oct 16 1939  
I last saw h. ev. alive on Oct 16 1939 Death is said to have occurred on the date stated above, at 11 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cholera Date of onset \_\_\_\_\_  
Other contributory causes of importance: malnutrition from diarrhea  
Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? no

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Shaw C. McClure, M.D.  
23 (Address) Director, Mo.

RECEIVED

District Health Office No. 2

District File Number 1139-218

Date Filed 11-7

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**