S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7428

Registration District No. 566 Primary Registration District No. 5762 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston-Rural-Tywappity (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 2. Charleston, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. Route # 2. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Olden Mains

3. (b) If veteran, name war X X X

3. (c) Social Security No. 498-12-8574

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Ora Mains

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept. (Month) 16 (Day) 1922 (Year)

8. AGE: Years 17 Months 4 Days 15 If less than one day hr. min.

9. Birthplace Blytheville (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming-

FATHER
12. Name George Mains
13. Birthplace Brownwood (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Manda Orange
15. Birthplace Shelby Co. (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Manda Davis

(b) Address Route 2 Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove- Charleston

18. (a) Signature of funeral director John P. Nennelle Jr

(b) Address Charleston, Mo.

19. (a) 2-2-40 (Date received local registrar) (b) J. I. Vernon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st. year 1940 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from View Inquest, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Killed in Auto accident He stole a car and in getting away turn the car over and killed him self

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy View Inquest

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) accident

(b) Date of occurrence Jan 31st 1940

(c) Where did injury occur? Highway (City or town) Miss (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway (Specify type of place)

While at work? No (e) Means of injury auto accident

23. Signature Frank I Vernon (M. D. or other) Coroner

Address Charleston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 340-67
Date Filed 3/5/40

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 John F. Nunnlee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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, above space should be left blank.