DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15585

State File No.

MAY 8 1940

Registration District No. 1404

Primary Registration District No. 5798

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural. So Fant Township
(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 no (Specify whether years, months or days) 2

In this community one year.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural. So Fant Township
(If outside city or town limits, write "RURAL")

(d) Street No. So Fant Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Willie Sales. 420

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 31 (Day) 1940 (Year)

8. AGE: Years 23 | Months X | Days X | If less than one day ___ hr. ___ min.

9. Birthplace Altair Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Farm Labor

11. Industry or business — 9

FATHER
12. Name Dont Know
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant R. C. Chess

(b) Address Marston Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1st 40 (Month) (Day) (Year)

(c) Place: burial or cremation Mason Country Pt Pleasant Mo

18. (a) Signature of funeral director Watkins Fun. Dir.

(b) Address Parma Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1940 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 3/31, 1940, to 3/31, 1940; that I last saw him alive on 3/31, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of Left lower Chest anterior surface	10 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

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) Homicide

(b) Date of occurrence 3/31 - 1940

(c) Where did injury occur? New Madrid Co. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 533 (Specify type of place)

While at work? (e) Means of injury Gunshot wound

23. Signature Claude M. Rosen MD (M. D. ~~or other~~)

Address Marston Mo Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 540/9
Date Filed 5/3/40

Dr. O'Bannon
New Madrid

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

o. 2B
-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15-585-

Registration District No. 604 Primary Registration District No. 5798 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) ~~City or town~~ La Font T.P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Willie Bales.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Black
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Mar (Month) 31 (Day) 1917 (Year)

8. AGE: Years 23 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Ala (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Dorty Brown
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant R. C. Chase
(b) Address Marston Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Walkin Funeral service
(b) Address Parma Mo
19. (a) 10/2/40 (Date received local registrar) (b) Wm O'Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gunshot wound of lower chest: anterior surface	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Homicide
(b) Date of occurrence 3-31-1940
(c) Where did injury occur? New Madrid Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work (e) Means of injury
23. Signature Claude McRaven (M.D. or other)
Address Marston Mo Date signed

SUPPLEMENTARY