

AUG 22 11-10-39 5-17-39 X21492

State File No. _____

Registration District No. 810

Primary Registration District No. 4488

Registrar's No. 30-

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Memphis Mo
(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 _____
In this community about 60 years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Charles A. Self 410

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 22 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Nelsonville Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Nathan Self

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

14. Maiden name Margaret Arnold

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

16. (a) Informant Mrs. Chas. Bryan

(b) Address Memphis Mo

17. (a) Burial (b) Date thereof July 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Shelby

18. (a) Signature of funeral director Wm. D. Baskett

(b) Address Memphis Mo

19. (a) July 12 - 1940 (b) E. E. Parrish
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1940 hour 8- minute 0 P. M.

21. I hereby certify that I attended the deceased from march 10, 1940, to June 25, 1940, and that I last saw him alive on July 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency with Aedema

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) _____

(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 725

23. Signature W. D. Baker (M. D. or other) 1

Address Memphis Mo Date signed 7/9/40

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1662

Date Filed AUG 19 1940

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Frank G. Smith

Licensed Embalmer No. 1079

P. O. Address Memphis, Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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