

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28163

Registration District No. 128

Primary Registration District No. 3009

Registrar's No. 268

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (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
- St. Francis

(Specify whether

In this community.

years, months or days)

3. (a) PRINT
FULL NAMECharles Chart

8. (b) If veteran,
-
- name war

8. (c) Social Security
-
- No.

4. Sex
- Male
-
- race
- white

5. Color or
-
5. (a) Single, widowed, married,
-
- divorced

6. (b) Name of husband or wife

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

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

- 10 (Day) 25 (Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

Portageville Mo
(City, town or county)

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

12. Name Harvey Chart
 13. Birthplace Portageville Mo
 (City, town or county) (State or foreign country)
 14. Maiden name Father Brock
 15. Birthplace Portageville Mo
 (City, town or county) (State or foreign country)

16. (a) Informant

Harvey Chart

(b) Address

Portageville Mo17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof

8-10-40
(Month) (Day) (Year)

(c) Place: burial or cremation

Portageville

18. (a) Signature of funeral director

R. W. Thompson

(b) Address

Portageville Mo

19. (a)

8-9-40
(Date received local registrar)

(b)

J. M. Thompson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot
 (c) City or town Portageville "Rural"
 (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
- Aug
- day
- 9
-
- year
- 1940
- hour
- 9
- minute
- 15
- P. M.

21. I hereby certify that I attended the deceased from Aug 9
 1940 to Aug 9 1940;
 that I last saw him alive on Aug 9 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Gastric Distention

Duration

Due to Hemorrhage into
wall stomach - P. M.
 Due to Trauma

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Acute Distention
Stomach
 Of autopsy Hemorrhage in
wall stomach

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Car - Struck
 (b) Date of occurrence 8/9/40
 (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?
 121
 While at work? (Specify type of place) (e) Means of injury

23. Signature D. B. Blund (M. D. or other)
 Address Cape Girardeau Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

210 m

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.

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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

28/163

Registration District No. 125-

Primary Registration District No. 3009

Registrar's No.

1. PLACE OF DEATH:

(a) County. Cape Is.
(b) City or town. Cape Is.
(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

3. (a) PRINT FULL NAME

Charles Ahart

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex. m 5. Color or race. w 6. (a) Single, widowed, married, divorced. -
6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. years
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 29 hr. min.

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

10. Usual occupation.

11. Industry or business.

MOTHER FATHER { 12. Name
13. Birthplace. (City, town, or county) (State or foreign country)
14. Maiden name. (City, town, or county) (State or foreign country)
15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director. (b) Address

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

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.

DECEASED CERTIFICATION

20. DATE OF DEATH. Month Aug day 7 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Gastric Dilatation
Remarks: hemorrhage into wall of stomach poss. Due to Trauma

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operation. acute dilatation of stomach
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). accident
(b) Date of occurrence. Aug 8, 1940
(c) Where did injury occur? New Potosi, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Thrown from truck when it went into ditch.
While at work? (Specify type of place) (e) Means of injury.

23. Signature. D B Elrod (M. D. or other) Address. Cape Girardeau Date signed. 7/20/40

