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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

NOV OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. **32577**

Registration District No. **566**

Primary Registration District No. **3030**

Registrar's No. **122**

1. PLACE OF DEATH:
 (a) County **Mississippi**
 (b) City or town **Charleston**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **602 W. Cypress**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
10 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emmett Tarver**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **Col.**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Clara Tarver**
 6. (c) Age of husband or wife if alive **unknown** years
 7. Birth date of deceased **July 26 1909**
 (Month) (Day) (Year)

8. AGE: Years **31 3x** Months **1** Days **8**
 If less than one day hr. _____ min. _____

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

10. Usual occupation **Day laborer**
 11. Industry or business **Clagging Plant**

MOTHER FATHER {
 12. Name **Will Tarver**
 13. Birthplace **Lee County Mississippi**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Essie Rodgers**
 15. Birthplace **Brook Haven Mississippi**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Essie Henderson**
 (b) Address **Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **9-8-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Charleston, Mo.**

18. (a) Signature of funeral director **Lair-Nunnelee Service**
 (b) Address **Charleston, Mo.**

19. (a) **9-10-46** (b) **J. J. [Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Miss.**
 (c) City or town **Charleston, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **602 West Cypress St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th.**
 year **1940** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 4**, 1940 to **Sept 4**, 1940,
 that I last saw him alive on **Sept 4**, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death **Malania** **3 wks**
 Duration

Due to **Alcoholic gastritis**

Due to _____
 Other conditions **38**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations **none**
 Of autopsy **none**
 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?
745

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **William J. Davis** (M. D. or other) **MD**
 Address **Charleston, Mo.** Date signed **9-6-40**

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

RECEIVED

District Health Officer No. 2

District File Number 1040-15

Date Filed 10/3/40

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 E. C. Junnelee
Licensed Embalmer No. 4164
P. O. Address Charleston, Mo.

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, fact should be so stated above.