DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

Registration District No. 681

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35956

Primary Registration District No. 4086

Registrar's No. 100

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

1. PLACE OF DEATH:

(a) County: Pemiscot

(b) City or town: Caruthersville (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 2 (Specify whether years, months or days) In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Caruthersville (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME: Charles Elmer Howard

3. (b) If veteran, name war: None

3. (c) Social Security No. None

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: June (Month) 19 (Day) 1895 (Year)

8. AGE: Years 44 Months 3 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: Cart Prairie (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Farm work

MOTHER FATHER

12. Name: Charlie Howard

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

14. Maiden name: Mary Alice Mims

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

16. (a) Informant: Mrs. Josie Kelly

(b) Address: Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Cemetery

18. (a) Signature of funeral director: H. D. Smith

(b) Address: Caruthersville, Mo.

19. (a) Date received by local registrar: Oct. 14, 1940 (b) Registrar's signature: Ada Martin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1940 hour 4 minutes 25 A. M.

21. I hereby certify that I attended the deceased from Oct. 9, 1940, to Oct. 12, 1940, that I last saw him alive on Oct. 12, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bacillary Dysentery	2 wks.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: C. C. Cartler (M. D. or other)

Address: Caruthersville, Mo. Date signed: 10-14-40

(Licensed Embalmer's Statement on Reverse Side)

11-40-10

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 w the above constitutes grounds for revocation of license.)

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

No. 2B
-2-21-40
I 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. 35956

Registration District No. 657 Primary Registration District No. 4388 Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot

~~(b) City or town~~ Caruthersville Twn
(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 Chas Elmer Howard

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 wid

6. (b) Name of husband or wife

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

7. Birth date of deceased June 19 1890
(Month) (Day) (Year)

8. AGE: Years 44 Months 3 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
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	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C. C. Carth (M. D. or other)
Address Caruthersville Date signed hw

SUPPLEMENTARY