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

444 FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15214

State File No. .....

Registration District No. 566 Primary Registration District No. 3038 Registrar's No. 43

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: 510 LOCUST ST (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MISSISSIPPI

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

(d) Street No.: 510 SOUTH LOCUST (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: MARJORY MAE JIMISON

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

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: COLOR

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

6. (b) Name of husband or wife: NONE

6. (c) Age of husband or wife if alive: NONE years

7. Birth date of deceased: MARCH (Month) 19 (Day) 1940 (Year)

8. AGE: Years 1 Months 0 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation: INFANT

11. Industry or business: ✓

FATHER

12. Name: CURTIS JIMISON

13. Birthplace: OCEOLA (City, town, or country) ARKANSAS (State or foreign country)

MOTHER

14. Maiden name: MATTIE MAE COLLINS

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

16. (a) Informant: CURTIS JIMISON

(b) Address: 510 So. LOCUST - CHARLESTON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation: OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director: LAIR - NUNNELEE

(b) Address: CHARLESTON, MO

19. (a) 4-5-41 (Date received local registrar) (b) J. Stevens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4TH year 1941 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from No Physician 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: Pneumonia	
Due to: Influenza	
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: Coroner

23. Signature: Geary Shelby (M. D. or other)

Address: East Prairie, Mo Date signed: 4-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 041-51
Date Filed 5/8/41

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
Not Embalmed, 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, fact should be so stated above.