

STANDARD CERTIFICATE OF DEATH

State File No. 18433

FILED JUN 3 1941

Registration District No. 566

Primary Registration District No. 303d

Registrar's No. 62

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

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:  
1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Months (Specify whether  
In this community 7 Months years, months or days)

3. (a) PRINT FULL NAME ANDERSON BILLS

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

4. Sex MALE 5. Color or race COL. 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife X X X 6. (c) Age of husband or wife if alive X years

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

8. AGE: Years About 65 Months Days If less than one day hr. min.

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

10. Usual occupation DAY LABORER

11. Industry or business FARMING

12. Name UNKNOWN

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

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

16. (a) Informant BUD BOWDEN

(b) Address CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 5-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Jay Mummel

(b) Address CHARLESTON, MO.

19. (a) 5-22-41 (b) J. D. Vernon  
(Date received local registrar) (Registrar's signature)

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. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18  
year 1941 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from ATTENDED AS CORONER  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Cancer sore on back of neck

Other conditions 5/29  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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?  
745

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury COORS

23. Signature Frank Shelby (M. D. or other)  
Address East Prairie, Mo. Date signed 5/18/41

RECEIVED

District Health Officer N

District File Number 6451-18

Date Filed 6/2/99

**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 with the above constitutes grounds for revocation of license.)**

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