

FILED FEB 13 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2259

State File No.

Primary Registration District No. 5440

Registrar's No. 24

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Months & 6 Days**
(Specify whether years, months or days)
In this community **10 Months & 6 Days.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Monroe**
(c) City or town **Brinkley**
(If outside city or town limits, write "RURAL")
(d) Street No. **600 Block, New Orleans Street**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **10th.**
year **1942** hour **8** minute **5** P.M.

21. I hereby certify that I attended the deceased from
March 5th., 1941 to January 10th., 1942;
that I last saw him alive on **January 10th., 1942;**
and that death occurred on the date and hour stated above.
Immediate cause of death **(23). Tuberculosis of the respiratory system.**

Duration
Prior to
admission.

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

Major findings:
Of operations **Pneumothorax, artificial, left. (Prior to admission)**
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) (2) Means of injury.....
23. Signature **E. A. Carberry** (M. D. or other).....
Address **E. A. Carberry, Surgeon** signed.....
Clinical Director.

3. (a) PRINT FULL NAME **MONCRIEF, Arthur (Shorty) 2911-H**

3. (b) If veteran, name war **1st. World War** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Indian** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased. **June 10th. 1895**
(Month) (Day) (Year)

8. AGE: Years **46** Months **7** Days **0**
If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER FATHER

12. Name **Tom Moncrief**

13. Birthplace **Unknown Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Baggett**

15. Birthplace **Unknown Alabama**
(City, town, or county) (State or foreign country)

16. (a) Informant **Deceased**

(b) Address **Med. Center for Fed. Prisoners**

17. (a) **Removal** (b) Date thereof **Jan 12 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brinkley, Arkansas**

18. (a) Signature of funeral director **Chicago**

(b) Address **Springfield, Mo.**

19. (a) **1-12-42** (b) **E. A. Carberry**
(Date received local registrar) (Registrar's signature)

984

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

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FEB 20 1942

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 *R. H. Thomas*

Licensed Embalmer No. 3681

P. O. Address Springfield, Mo.

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, fact should be so stated above.

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