

S. No. 2
1-14-41
5-17-39
P1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7300**

REC'D MAR 16 1942
Registration District No. **526**

Primary Registration District No. **3030**

Registrar's No. **10**

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:
VINE STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **2 DAYS** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi 67**
(c) City or town **CHARLESTON 1**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. **UNKNOWN** (If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN SMITH**

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

4. Sex **MALE 2** 5. Color or race **COL** 6. (a) Single, widowed, married, divorced **UNKNOWN**

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

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

8. AGE: Years Months Days If less than one day
ABOUT 34 — — — 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**

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

14. Maiden name **UNKNOWN** **UNKNOWN**

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

16. (a) Informant **ALVA RENERO**

(b) Address **CHARLESTON, MO**

17. (a) **BURIAL** (b) Date thereof **1-17-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. D. Vernon**

(b) Address **Charleston Mo.**

19. (a) **2-6-42** (b) **J. D. Vernon**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **17th**
year **1942** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 31**
1941 to **Jan 17** 19**42**.
that I last saw him alive on **Jan 15** 19**42**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Syphilis Locomotor ataxia**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: **309**

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) (b) Means of injury _____

23. Signature **Paul A. Bair** (M.D. or other) _____

Address **Charleston Mo** Date signed **2/17/42**

745 (Licensed Embalmer's Statement on Reverse Side)

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

7
1
2

RECEIVED

District Health Office No. 2,

District File Number 342/319

Date Filed 3/9/42

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.

Not Embalmed

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, fact should be so stated above.