V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 [redacted]67

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5767

State File No. 14972

Registrar's No. 28

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

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Rural St Henrietta Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: If hospital or institution: (Specify whether
In this community: 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Mississippi
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 12 miles N. W. of East Prairie
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FRED PETTY
3. (b) If veteran, name war: ✓
3. (c) Social Security No. none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Darsy Gladys Petty
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: June (Month) 11 (Day) 1902 (Year)
8. AGE: Years 41 Months 10 Days 12 If less than one day hr. min.
9. Birthplace: Matthews, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Charlie Petty
13. Birthplace: Unknown (City, town, or county) U. K. (State or foreign country)
14. Maiden name: Minnie Gomez
15. Birthplace: Unknown (City, town, or county) U. K. (State or foreign country)
16. (a) Informant: Darsy Gladys Petty
(b) Address: Bertrand, Mo RFD 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Charleston
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie Mo.
19. (a) 5-7-1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1942 hour 4:30 minute 9. 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.
Immediate cause of death: Strangulation
Due to: Hanging self with rope around neck.
Due to:
Other conditions (Include pregnancy within 3 months of death): 164a
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): Suicide
(b) Date of occurrence: April 23, 1942
(c) Where did injury occur? Mississippi Co. Mo. (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: Travis Shelby (M. D. or other) Coroner
Address: East Prairie, Mo Date signed: 4/23/42

1271 (Licensed Embalmer's Statement on Reverse Side)

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 James E. Scott, Registered Apprentice No. 316, working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.