

S. No. 2
M-5-42
7-5-17-39
PI X327

Dr. Fingel

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41367**

FILED DEC 18 1942

Registrar's No. **69**

Registration District No. **2**

Primary Registration District No. **5-789**

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

67
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0

1. PLACE OF DEATH:

(a) County *Mississippi*

(b) City or town *Dural St James*
(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..... (Specify whether)

In this community *Life*
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO*

(b) County *Mississippi*

(c) City or town *Dural*
(If outside city or town limits, write "RURAL")

(d) Street No. *2 Miles South of E. Prairie*
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country..... *0*

3. (a) PRINT FULL NAME *BIRDIE RAY CHATMON*

3. (b) If veteran, name war *2*

3. (c) Social Security No. *1*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *11th*
year *1942* hour *2* minute *P* M.

4. Sex *male*

5. Color or race *2 negro*

6. (a) Single, widowed, married, divorced *0*

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive *19* years *19* years

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

21. I hereby certify that I attended the deceased from *9-10-42* to *9-10-42* 19 *42*
that I last saw him alive on *9-10-42* 19 *42*
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

4 *23* hr. min.

9. Birthplace *Mississippi Co. MO*
(City, town, or county) (State or foreign country)

Immediate cause of death.....

Due to *Broncho pneumonia* *1 week*

Due to *Acute Bronchitis* *3 weeks*

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

11. Industry or business.....

12. Name *Birdie Chatmon*

13. Birthplace *Wydens ARK. 1*
(City, town, or county) (State or foreign country)

14. Maiden name *Ophealia Scott*

15. Birthplace *Wrens ARK. 1*
(City, town, or county) (State or foreign country)

16. (a) Informant *Birdie Chatmon*

(b) Address *East Prairie, Mo. Rt. 1*

17. (a) *Burial* (b) Date thereof *9-12-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Cpr. Ground*

18. (a) Signature of funeral director *Wm. Shelby*

(b) Address *6 East Prairie Mo*

19. (a) *12-8-42* (b) *Hannie E. Briggans*
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy..... *106a*

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?
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature *W. A. Fingel* (M. D. or other)

Address *204 S. Locust St. Charleston, Mo. 11-6-42*

1071

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1242-1690

Date Filed 12-16-42

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.