S. No. 2
OM—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21004

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 191

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South east Mo Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 3 weeks (Specify whether years, months or days)

In this community about 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid 72

(c) City or town New Madrid 9 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Charlie House

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race Black

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 10 (Day) - 1892 (Year)

8. AGE: Years 51 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Labarer

11. Industry or business

FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country)

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

16. (a) Informant Eddie Armstrong

(b) Address New Madrid. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation Community

18. (a) Signature of funeral director Richards & ~~County~~ Pulper

(b) Address New Madrid County, Mo.

19. (a) 6-28-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12 year 1943 hour 12 minute 45 a M.

21. I hereby certify that I attended the deceased from April 2 1943 to June 12 1943 that I last saw him alive on June 11 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensated myocarditis	2 weeks
Due to Fracture left femur	2½ mo
Due to	
Other conditions Syphilis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

1860
18

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) Accident

(b) Date of occurrence April 2 - 1943 01

(c) Where did injury occur? New Madrid (City or town), New Madrid (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In a home, moving furniture (Specify type of place)

While at work? yes (e) Means of injury fall

23. Signature R. A. Ritter M.D. (M. D. or other)

Address Cape Girardeau Date signed 6-25-43

1 Mo.

222
1/10/43

1016 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 743-24
Date Filed 7-7-43

NOV 10 1943

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 Leo Hedgepeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.