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. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25522

FILED JUL 26 1943

Registration District No. 218

Primary Registration District No. 5789

Registrar's No. 32

67
0
0

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Rural St James Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Res. 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 3 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mississippi 67

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

(d) Street No. 5 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 H. C. CARTWRIGHT

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

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

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

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

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

7. Birth date of deceased MARCH (Month) 12 (Day) 1875 (Year)

8. AGE: Years 68 | Months 3 | Days 16 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Hark Cartwright
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Menday Gentery
(b) Address Drivers Ark.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Brandwater

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie

19. (a) 7-7-1943 (Date received local registrar) (b) Fannie E. Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 28
year 1943 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 23, 1943, to June 23, 1943
that I last saw him alive on June 28, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	
Due to Chronic interstitial nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Bert Grant (M. D. or other)

Address Typtonville, Tenn. Date signed 6/30/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 743-912
Date Filed 7-19-43

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.