DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25544

FILED JUL 26 1943

State File No. .....

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI Tuberculosis

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

(c) Name of hospital or institution: RFD#2 / Box 268
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. R#2 Box 268
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME HENRY TREADWELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race COLOR

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

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

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased APRIL (Month) 7 (Day) 1909 (Year)

8. AGE: Years 34 Months 2 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace NEW MADRID (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

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

MOTHER
14. Maiden name ETTA MOBLEY
15. Birthplace NEW MADRID, (City, town, or county) MO (State or foreign country)

16. (a) Informant LOVEY TREADWELL
(b) Address R#2 Box 268 CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON MO

18. (a) Signature of funeral director John F. Nunnelee Jr.
(b) Address Charleston Mo

19. (a) 7/1/43 (Date received local registrar) (b) Ma L. Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from No Medical attendance, 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Struck by lightning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

192
99

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) 067
(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)
(e) While at work? (f) Means of injury

23. Signature Travis Shelby Coroner (M.D. or other)
Address East Prairie, Mo Date signed 6/21/43

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-923
Date Filed 2-19-43

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 John T. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston M

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.