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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42007

FILED JAN 5 1944

Registration District No. 147

Registration District No. 4236

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County IRON
(b) City or town DES ARC
(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 — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON
(c) City or town DES ARC
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLEY MIDDLETON

3. (b) If veteran, name war: — 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ALMEDA MIDDLETON 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JUNE 16 1893
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace DES ARC MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PUBLIC WORK

11. Industry or business _____

MOTHER FATHER { 12. Name SAM MIDDLETON
13. Birthplace SABOLA MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name ELDEN DEAN
15. Birthplace DELECO OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant LEEMAN DAVIS
(b) Address DES ARC MO

17. (a) BURIAL (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DES ARC CEMETERY

18. (a) Signature of funeral director Geo. R. Deibel
(b) Address Ironton, Missouri

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21
year 1943 hour _____ minute 12:50 M.

21. I hereby certify that I attended the deceased from SEP 18
1943 to DEC 21 1943
that I last saw him alive on 12-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS
Tuberculosis

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

While at work? _____ (Specify type of place) _____
_____ (c) Means of injury _____

23. Signature J. C. Pile (M. D. or other) _____
Address Ironton Mo Date signed 12-22-43

1365

(Licensed Embalmer's Statement on Reverse Side)

1740

RECEIVED

District Health Officer No. 4
District File Number 144-309
Date Filed 1-4-44

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

12/21/43

Registered Apprentice No.

working under my personal supervision.

Signed

Lee P. Lusk

Licensed Embalmer No.

3475

P. O. Address

San Francisco, 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.