S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 55

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

33906

State File No.

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Cape County

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

(c) Name of hospital or institution: Southeast Mo. Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Minutes (Specify whether
In this community 15 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Choate, Billy Mack

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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 ~~Nov~~ Sept ~~[illegible]~~ 1 44
(Month) (Day) (Year)

8. AGE: Years | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Chaffee (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Freeman Choate
13. Birthplace Bell City (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Pauline Schulz
15. Birthplace Marble Hill (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Freeman Choate
(b) Address 217 Helen Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Union Park Chaffee Mo

18. (a) Signature of funeral director Bisplinghoff Hubbard
(b) Address Chaffee Mo.

19. (a) 10-18-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 17, 1944 to Oct 17, 1944
that I last saw him alive on Oct 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro Intestinal Toxemia Dehydration Ileo Colitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

119a

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 O

23. Signature G. A. Sample (M. D. ~~or other~~)

Address Chaffee Mo Date signed 10-18-44

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4544

Date Filed 11-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Mamie Bryling Goff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.