No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9917

Registration District No. FILED MAR 23 1948

Primary Registration District No. 6075

Registrar's No. 81

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 6 mos. 24 das.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Desloge
(If outside city or town limits, write "RURAL") 0
(d) Street No. Unknown
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MILES JEFFERSON PETTY

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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 December (Month) 10, (Day) 1910 (Year)

8. AGE: Years 37 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Cooks Station, Dent Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor.

11. Industry or business

FATHER
12. Name William Jefferson Petty
13. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Etta Elizabeth Queen
15. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Falls Cemetery

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address Flat River, Missouri

19. (a) 3-16-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24, year 1948 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 1, 1946, 19 to February 24, 1948, 19; that I last saw him alive on February 24, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Post Encephalitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No autopsy.	

PHYSICIAN
Underline the cause of 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 George K. Reers (M. D. or other) M.D.
Address Farmington Mo Date signed 2-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 4
File Number 348-375
Date 3-22-48

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 Murphy L Sparks

Licensed Embalmer No. 4234

P. O. Address Flat River 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.