No. 300
10-48

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9243

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
c. LENGTH OF STAY (in this place): 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 303 Olive St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Charleston
d. STREET ADDRESS (If rural, give location): 303 Olive St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Marshall
c. (Last): Lenoir

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 9, 1887
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 0, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Tunica, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Lenoir
13b. MOTHER'S MAIDEN NAME: Henrietta Bridgett
14. NAME OF HUSBAND OR WIFE: Adamounia Lenoir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 499-30-8004
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Adamounia Lenoir, 303 Olive St. Charleston, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk. (History)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Bronchitis — 9 days (History)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19, 1949, *to* —, 19—, *that I last saw the deceased alive on* 3-19-, 1949, *and that death occurred at* 2:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. Fingal M.D.
23b. ADDRESS: 204 S. Locust St. Charleston, Mo.
23c. DATE SIGNED: 3-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 25-49 March 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Charleston Mo Charleston, Missouri

DATE REC'D BY LOCAL REG.: Mar. 26-49
REGISTRAR'S SIGNATURE: Mrs. John Bindurant 19
25. FUNERAL DIRECTOR'S SIGNATURE: F. J. Sparks
ADDRESS: Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 349-422
Date Filed 3-29-49

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 ..... Student Embalmer No. ....., working under my personal supervision.

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Signed .....
Student Embalmer

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.