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19  
3159

FILED SEP 24 1940

State File No. \_\_\_\_\_

Registration District No. 576

Primary Registration District No. 3030

Registrar's No. 108

1. PLACE OF DEATH: Mississippi  
 (a) County Mississippi  
 (b) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 310 W. Cypress St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Petty  
 3. (b) If veteran, name war X X X  
 3. (c) Social Security No. X X X

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife X X X X X X 6. (c) Age of husband or wife if alive X X X years  
 7. Birth date of deceased X X 1901  
(Month) (Day) (Year)

8. AGE: About 39 Years X Months X Days hr. min.  
If less than one day

9. Birthplace Dell Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business Day Laborer

12. Name Dee Petty

13. Birthplace X X X Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Otha Stevens

(b) Address 310 Cypress St. Charleston,

17. (a) Burial (b) Date thereof 7-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Lair-Nunnelee Service  
 (b) Address Charleston, Mo.

19. (a) 8-3-40 (b) J. J. Vernon  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) Missouri (b) County Mississippi  
 (c) City or town Charleston, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 310 W. Cypress St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
 year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia (B. coli)  
 Duration 4 day

Due to Peri-Rectal Abscess 2 wks

Due to \_\_\_\_\_

Other conditions 12<sup>h</sup>  
(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) \_\_\_\_\_  
 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? 745

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Paul S. Bair (M. D. or other) MD  
 Address Charleston Mo Date signed 8/2/40

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

RECEIVED

District Health Officer No 2

District File Number 940-137

Date Filed 9/3/40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**