FILED SEP 1 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29287

Registration District No. 653 Primary Registration District No. 5871 Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pemiscot Broadmoor

(b) ~~City or town~~ Deering, Mo. 0

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 2 Yrs 2 m. 11, Da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Deering, Mo. 0

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Harold Edward Self 410

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 Infant

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 16. 1938 (Month) (Day) (Year)

8. AGE: Years 2 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Deering, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Fred Self
13. Birthplace Kennett, Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cathren Henley
15. Birthplace Tenn 1 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Self

(b) Address Deering, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6. 27. 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Culp Cemetery

18. (a) Signature of funeral director J. L. German

(b) Address Steele, Mo.

19. (a) 8/16/40 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1940 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from June 26, 1940 to June 26, 1940 that I last saw him alive on 6/26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Spasms

Due to Colitis

Due to

Other conditions 12.10.B
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 946 (Specify type of place)

While at work? (e) Means of injury

23. Signature H. W. Phipps (M. D. or other)

Address Caruthersville, Mo. Date signed 9/1/40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.