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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1941

Registration District No. 653

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5865

State File No. 39036

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town 6 mi. E. Wardell (Concord Tp) (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 (Specify whether years, months or days) In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

(d) Street No. 400 Ferguson Ave. (If rural, give location) 2 0

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

3. (a) PRINT FULL NAME CHARLES WILLIAM BIRTHRIGHT

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-3287

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 February 21, 1906 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	7	27	hr. min.

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

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Charles W. Birthright Sr.
13. Birthplace Butler, Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Hall
15. Birthplace Caruthersville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Annie Drake
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 11/20/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

770

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1941 hour 9 minute 30P 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 Internal injuries & broken neck. Caused by

Due to Auto collisions on 61 highway 5 miles

Due to South of Portageville Mo

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

170C-8

22

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) Accident

(b) Date of occurrence Oct. 18, 1941 78

(c) Where did injury occur? 5 Mi. S. Portageville, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public State highway 9 (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature Jules V. Moore Coroner (M. D. or other)

Address Date signed 10/21/41

(Licensed Embalmer's Statement on Reverse Side)

12-41-10

FEB 10 1942

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 J. G. Schaumann

Licensed Embalmer No. 4086

P. O. Address Courtenaville, M

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

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