

S. No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3816

FILED FEB 13 1942, 51

Registration District No.

Primary Registration District No. 4588

Registrar's No. 2

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

2
0

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Fornfelt, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community Five years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Morton Rough

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1942 hour 12 minute 5 P M.

21. I hereby certify that I attended the deceased from Aug. 23 1940 to Dec 24 1941
that I last saw him alive on Oct. 25 1941
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Zarah Buchanan

6. (c) Age of husband or wife if alive Deceased years 23 1863

7. Birth date of deceased 8 (Month) 23 (Day) 1863 (Year)

Immediate cause of death Cerebral Hemorrhage

Due to Arterio sclerosis

Other conditions ✓
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>9</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

12. Name James Rough

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

14. Maiden name Sarah Buchanan

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

16. (a) Informant E. C. Young house

(b) Address Fornfelt, Mo.

17. (a) Burial (b) Date thereof 1-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Acorn Ridge, Mo.

18. (a) Signature of funeral director Dislinphoffe Hubbard

(b) Address Illmo, Mo.

19. (a) Jan 4, 1942 (b) Paul Bray
(Date received local registrar) (Registrar's signature)

Major findings: 830

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).....

(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?.....

While at work? (Specify type of place).....
Means of injury.....

23. Signature Fred W. Barkin (M. D. or other) D.O.

Address Illmo Date signed 1-4-42

RECEIVED

District Health Office No. 2,

District File Number 2-42-153

Date Filed 2-10-42

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 with the above constitutes grounds for revocation of license.)

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