

S. No. 2
-1-4-41
5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35001**

FILED NOV 14 1942

Registration District No. **333**

Primary Registration District No. **3074**

Registrar's No. _____

100
25
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Scott**

(b) City or town **Sikeston**

(c) Name of hospital or institution: **Sikeston General**

(d) Length of stay: In hospital or institution **1 Day**

In this community **12 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Ottawa**

(c) City or town **Miami**

(d) Street No. _____

(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Charles McKibben**

3. (b) If veteran, name war **x**

3. (c) Social Security No. **442-05-3472**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **20** year **1942** hour **4** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **10-19-42** to **10-20-42**

4. Sex **M**

5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **12 29 1906**

that I last saw him alive on **Oct 19-42**

and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years **35** Months **9** Days **21**

Lobar Pneumonia **2 1/2 hrs.**

Chronic myocarditis **3 yrs**

Due to _____

Due to _____

9. Birthplace **Lincolnville Okla**

Other conditions _____

Major findings: _____

10. Usual occupation **Foreman**

11. Industry or business **Pipe Line Construction**

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace _____

14. Maiden name **Lucy**

15. Birthplace **Commerce Okla.**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Elmer Long Jr.**

(b) Address **St. Louis Mo.**

17. (a) **Removal** (b) Date thereof **10/21/42**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation **Miami Oklahoma**

18. (a) Signature of funeral director **H.W. Albritton**

(b) Address **Sikeston Mo.**

19. (a) **10-26-42** (b) **Louis Largent**

(Specify type of place) _____

While at work _____

23. Signature **Howard M. ...**

Address **Sikeston Mo.** Date signed **10-20-42**

1318 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1142-1448

Date Filed 11-12-42

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hunter Albritten

Licensed Embalmer No. 2940

P. O. Address Sikeston Mo.

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.