7. S. No. 2
M—9-4-41
5-17-39
I X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10911

State File No. .....

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 17

67 0 0

1. PLACE OF DEATH:

(a) County: MISSISSIPPI

(b) City or town: CHARLESTON – RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RFD #2 Box 249 / TWAPPITY TWP
(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: 7 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MISSISSIPPI 0

(c) City or town: CHARLESTON – RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No.: R#2 Box 249
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NONE 0

3. (a) PRINT FULL NAME: CHARLIE PRIDE

3. (b) If veteran, name war: No

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: COLOR

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ANNIE BESSIE PRIDE

6. (c) Age of husband or wife if alive: 31 years

7. Birth date of deceased: NOVEMBER (Month) 10 (Day), 1902 (Year)

8. AGE: Years 40 | Months 3 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: MEMPHIS (City, town, or county) TENN / (State or foreign country)

10. Usual occupation: FARMING

11. Industry or business: –

FATHER
12. Name: THOMAS PRIDE
13. Birthplace: ALABAMA / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SALLIE WATKINS
15. Birthplace: ALABAMA / (City, town, or county) (State or foreign country)

16. (a) Informant: ANNIE BESSIE PRIDE
(b) Address: R#2 Box 249 – CHARLESTON, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 2-20-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: OAK GROVE – CHARLESTON, Mo

18. (a) Signature of funeral director: Albert Nunnelee Dr
(b) Address: CHARLESTON, MO

19. (a) 2/15/43 (Date received local registrar) (b) Mrs Lon Moore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 18TH year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-17-43, 19..., to —, 19...; that I last saw him alive on 2-17-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

04

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

23. Signature: N. A. Fingal (M. D. ~~or other~~)
Address: 204 S. Locust St Charleston, Mo. Date signed: 2-22-43

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-495
Date Filed 4-12-48

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.