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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 15 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
721 Cedar St.
(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 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 721 Cedar St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Six

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th,
year 1944 hour 10:30 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cora Printy Six

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased November 15, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 10, 1944, to April 11, 1944
that I last saw him alive on April 10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>27</u>	_____ hr. _____ min.

Due to Chronic Valvular Heart

Due to _____

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

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

10. Usual occupation Ret'd. Drugist

Major findings:
Of operations 92d

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Silas Six

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

14. Maiden name Lucy Jane Hope

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

16. (a) Informant Mrs. Charles Six

(b) Address 721 Cedar St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) April 13 '44 (b) E. Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature T. J. Baker (M. D. _____)
Address Carthage Date signed 4-13-44

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

499

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44-4-357

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 *Ed Collins*

Licensed Embalmer No. *2722*

P. O. Address *Orinthal*

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.