S. No. 2
M—8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35491

Registration District No. 542 — Primary Registration District No. 6153 — Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Lake Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. 1 (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
(c) City or town Pike twp R. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 103
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice McQueen
3. (b) If veteran, name war No.
3. (c) Social Security No. 491-16-1400
4. Sex Mal
5. Color or race Negro
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Ora Lt McQueen
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Aug (Month) 23 (Day) 1917 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27		8	hr. min.

9. Birthplace Humphrey (City, town, or county) Ark. 1 (State or foreign country)
10. Usual occupation Farm labor
11. Industry or business ✓
FATHER
12. Name Marlin McQueen 1
13. Birthplace (City, town, or county) South Carolina (State or foreign country)
MOTHER
14. Maiden name Amelia Griffin
15. Birthplace Tunica (City, town, or county) Ark. 1 (State or foreign country)
16. (a) Informant Avedea McQueen
(b) Address Bell City Rt I Box 92
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation McMullin
18. (a) Signature of funeral director Richards and Co
(b) Address New Madrid Mo.
19. (a) Oct. 6. 44 (Date received local registrar) (b) M. R. Thrower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1944 hour 1 minute P 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.

	Duration
Immediate cause of death: accidental drowning in Castor River near Albert	✓
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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: ✓ 103
(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 ✓ 3
23. Signature Pres Hearn Acting Coroner
Address Bloomfield Mo Date signed 8-31-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 10-44-136
Date Filed 10-12-44

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 Leo Hildgarth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.

. No. 2B
I—5-43
I X38930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11 01

Registration District No. 342 Primary Registration District No. 6153 Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Rural Perry Twp

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Oldore McQueen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Aug (Month) 23 (Day) 1914 (Year)

8. AGE: Years 27 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 31 year 1945 hour minute M.

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

Immediate cause of death: Abscess of Kidney

Due to: Pneumothorax

Due to: 3

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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: Jas Harry Acting Coroner

Address: Bloomfield, Mo. Date signed

SUPPLEMENTARY

35491