FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 30 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 42170
Registrar's No. 57

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Scott 100
(c) City or town Sikeston, Missouri. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 411 Short St.,
(If rural, give location)
(e) Citizen of foreign country? mo. (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Charles H. Counsil
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susie
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased June 9 (Month) (Day) 1882 (Year)

8. AGE: Years 66 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Harrisburg, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business - - - -
FATHER
12. Name James Counsil
13. Birthplace Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Procter
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Susie Counsil
(b) Address Sikeston, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memoral Park Cemetary
18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Missouri.
19. (a) 12-23-48 (Date received local registrar) (b) Mrs O Fitzenny (Registrar's signature) 3/3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th.
year 1948 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from [illegible] 1948, to 19 ;
that I last saw him alive on November 26th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebro vascular hemorrhage (strake)	
Due to: Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 836

PHYSICIAN
Underline the cause of 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 0
23. Signature Wm. C. Critchlow (M. D. or other) M.D.
Address Stallsup Building, Sikeston, Mo. Date signed 12/1/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1948-1731
Date Filed 12-28-48

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 J. E. McMikle Registered Apprentice No. 251, working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.