

JUL 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21410
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Savannah Primary Registration District No. 4010
(c) City Savannah (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 35

2. PRINT FULL NAME

Charles Albert Poston
(a) Residence, No. Savannah Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-15-1860
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 2 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. draying
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quines Ill.

FATHER 13. NAME Jim Poston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

MOTHER 15. MAIDEN NAME Marquet Carlisle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) Cliff Poston Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo DATE June 8, 1939

19. FUNERAL DIRECTOR (ADDRESS) De Moss Funeral Home Savannah Mo

20. FILED June 8, 1939 Mr Jennie Rash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1939
22. I HEREBY CERTIFY, That I attended deceased from 5-1-1939 to 6-8-1939, 1939.
I last saw him alive on 6-8-1939 Death is said to have occurred on the date stated above, at 4:46 P.M.
The principal cause of death and related causes of importance were as follows:

acute myocarditis 3 days
arterio sclerosis 1 yr
Other contributory causes of importance: 93 a

Name of operation none Date of none
What test confirmed diagnosis? stained Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Willard A. Stearns, M. D.
(Address) Savannah Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECORDED

District No. 115

DULLER

739-844

JUL 12 1939

STATEMENT BY LICENSED EMBALMER

I, Le Moss Crunk, Licensed Embalmer No. 2533

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Le Moss Crunk

Licensed Embalmer No.....

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.)