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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33877
Registrar's No. 3815

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ////// (Specify whether
In this community: 20 Years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 04
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 617 East 27th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -------

3. (a) PRINT FULL NAME: Mr. John Douglas Charlton

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

3. (c) Social Security No. 545-18-8206

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Imogene Charlton

6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased: November (Month) 24 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
27	10	17	hr. min.

9. Birthplace: Anthony (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Ice Dealer

11. Industry or business: For Self

FATHER
12. Name: Lawrence D. Charlton
13. Birthplace: Duquoin (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Florence Brooks
15. Birthplace: (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: L. D. Charlton
(b) Address: Manhattan Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 Brush Creek Blvd.

19. (a) 10/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th year 1941 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1941 to Oct 11, 1941 that I last saw him alive on Oct. 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Brain Tumor — Glioma — Malignant — primary	2 wks.
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death): Pulmonary Oedema	1 da.

Major findings:
Of operations: 54 f
Of autopsy: as above

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? Means of injury

23. Signature: G. A. Roy (M. D. or other) M. D.
Address: 1002 Argyle Bldg. Date signed 10-12-41

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 1944

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.