S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16893

Primary Registration District No. 1002

Registrar's No. 2190

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: 4112 Windsor 1
(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 58 yrs

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4112 Windsor 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Maria Charlton
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Femal
5. Color or race Whit
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Edward H Charlton
6. (c) Age of husband or wife if alive 75 years 79
7. Birth date of deceased Nov (Month) 10 (Day) 1867 (Year)

8. AGE: Years 74 | Months 6 | Days 27 21 | If less than one day ..... hr. ..... min.

9. Birthplace Missouri U (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name William Clay
13. Birthplace England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria Grant
15. Birthplace England (City, town, or county) (State or foreign country)
16. (a) Informant Edward H Charlton
(b) Address 4112 Windsor
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director Mrs. C. R. Foster
(b) Address 918 Broadway
19. (a) 6-3-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 4 minute 50 P. M.
21. I hereby certify that I attended the deceased from May 3 1942, 19..., to June 1 1942, 19..., that I last saw alive on May 31 1942, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 wks
Due to Hypertension	
Due to Uremia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work no (e) Means of injury no
23. Signature Henry C Cavanaugh M. D. (M. D. or other)
Address 714 Bryant Bldg K.C. Mo. Date signed June 2 1942

361 (Licensed Embalmer's Statement on Reverse Side)

Dr Glenn Carbough

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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.