

Registration District No. 87-6871

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH: VERNON.
 (a) County VERNON.
 (b) City or town RURAL - Metz Sup
 (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 2 days (Specify whether
 In this community 5 1/2 years (Yes or No)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Vernon
 (c) City or town R20 Rich Hill - 108
 (If outside city or town limits, write "RURAL")
 (d) Street No. metz sup - 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME W. E. CHARLES
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5th
 year 1942 hour 12 minute P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced IWA
 6. (b) Name of husband or wife Olivia Charles 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Sept 21 - 1861
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17 1942 to May 5 1942
 and that death occurred on the date and hour stated above.
 I last saw him alive on March 16 1942

8. AGE: Years 80 Months 7 Days 14 If less than one day
 hr. min.

Immediate cause of death Cardio-renal disease with Decomensation of Heart and Edema.
 Due to.....
 Due to.....

9. Birthplace Pa - 1
 (City, town, or county) (State or foreign country)

Other conditions.....
 (Include pregnancy within 3 months of death)

10. Usual occupation farmer

Major findings: 131a
 Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name Simon Charles
 13. Birthplace Penn
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Light
 15. Birthplace Penn
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant W. S. Charles
 (b) Address Rich Hill Mo
 17. (a) Burial (b) Date thereof 5-7-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Balldown

(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?
 While at work? (Specify type of place).....
 (e) Means of injury.....

18. (a) Signature of funeral director Booth
 (b) Address Rich Hill Mo.
 19. (a) 5-7 (b) 42
 (Date received local registrar) (Registrar's signature)

23. Signature Robert Smith (M. D. or other) MD
 Address Rich Hill Mo Date, signed 5/5/42

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

0000

484

RECEIVED
District Health Officer No. 7,
District File Number 6-42-611
Date Filed 6-9-42

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 John G. Anderson
Licensed Embalmer No. 3585
P. O. Address Bethel, Me

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19244

Registration District No. 871

Primary Registration District No. 6154

Registrar's No.

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural
(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
In this community.....
years, months or days)

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 William C Charles

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 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 Sept 2
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 13
(If less than one day min.)

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

10. Usual occupation.....

11. Industry of 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)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) May 7 1942 (b) Mrs W.L. Charles
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19....., 19.....
that I have seen him/her alive on....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

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:

(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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

[The body of the document contains several paragraphs of text that are almost entirely illegible due to extreme blurring and low contrast. Only a few words and phrases are discernible, such as "CONFIDENTIAL" and "SECRET" appearing again at the bottom of the page.]