

FILED SEP 5 1942

Registration District No. ....

Primary Registration District No. 4012

Registrar's No. 21

1. PLACE OF DEATH:

(a) County ATCHISON  
(b) City or town ROCK PORT  
(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 MO (b) County ATCHISON  
(c) City or town ROCK PORT  
(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 D

3. (a) PRINT FULL NAME CHARLES AUGUSTUS UNDERWOOD

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Alice Underwood 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 10 (Month) 3 (Day) 1884 (Year)

8. AGE: Years 57 Months 10 Days 7 If less than one day hr. min.

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

10. Usual occupation REAL ESTATE  
Industry or business

12. Name ALEX UNDERWOOD

13. Birthplace RICHMOND VA  
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA TAYLOR

15. Birthplace CRAIG MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Melvin

(b) Address ROCK PORT

17. (a) BURIAL (b) Date thereof 8-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEM

18. (a) Signature of funeral director Clifton Sun Home

(b) Address Rock Port Mo

19. (a) 8-10-42 (b) Billie Joyce Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9th  
year 1942 hour 5:00 minute PM A.M.

21. I hereby certify that I attended the deceased from 9 hrs - 15 hr 1942 to Aug 9 - 1942  
that I last saw him alive on Aug 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant tumor of breast

Due to metastasis

Due to 54

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: tumor, malignant  
Of operations

Of autopsy none

Duration

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? .....

While at work? (Specify type of place) Means of injury 0

23. Signature James A. Gray (M. D. 0)

Address Watson Mo Date signed 8/10/42

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

3  
1  
0

MOTHER FATHER

1141

**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.....

*Graf Bartholomew*  
.....  
Licensed Embalmer No. *3173*  
.....

P. O. Address..... *Rock Port, 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.**