S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26706

State File No.

Registration District No. 4V

Primary Registration District No. 5134

Registrar's No. 819

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Picket Road / R.R. #4
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No.: Picket Road RR#4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Samuel George

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

3. (c) Social Security No: 707-05-7707

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Rebecca George

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: August (Month) 3 (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: La Port (City, town, or county) Indinial (State or foreign country)

10. Usual occupation: Retired Switchman For

11. Industry or business: Burlington Railroad

MOTHER FATHER

12. Name: Frank George

13. Birthplace: (City, town, or county) Indinial (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant: Mrs. Rebecca George

(b) Address: RR#4 St Joseph Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 21 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Memoral Park Cemetery

18. (a) Signature of funeral director: Freeman & Son Inc.

(b) Address: 1946 Calhoun St Joseph, Mo.

19. (a) 8-21-42 (Date received local registrar) (b) Rose Henzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18th year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to Aug 16th 1942 that I last saw him alive on Aug 16th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficiency	3 years
Due to: Gen. Arterio Sclerosis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

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: H. F. Mundy Coroner (M. D. or other)

Address: 404 So 3rd St Date signed: 8/18/42

1255 (Licensed Embalmer's Statement on Reverse Side)

R.P.

6005

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 Aug 18, Registered Apprentice No.,
working under my personal supervision.

Signed John P. Hurley

Licensed Embalmer No. 4050

P. O. Address St Joseph 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.