

FILED OCT 9 1942
164

Registration District No.

Primary Registration District No. 5597

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Centerveiw, Cent. township
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 years
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Centerveiw
(If outside city or town limits, write "RURAL.")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Charlie Medskar

(b) If veteran, name war (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alpha Viola Mayfield 6. (c) Age of husband or wife if alive 46
7. Birth date of deceased Jan. 31 1890
(Month) (Day) (Year)

8. AGE: Years 42 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John R. Medskar
13. Birthplace Indianapolis Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Biviva Lewis
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Alpha Medskar

(b) Address Centerveiw Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerveiw, Mo.

18. (a) Signature of funeral director W. R. Kilgus

(b) Address Harrodsburg Mo.

19. (a) Sept 4/42 (b) Seals M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 2 1942, 19....., to Sept 2 1942, 19....., that I last saw him alive on Sept 2, 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to.....

Due to.....

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

Major findings: Of operations 94a
Of autopsy —

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) (e) Means of injury —

23. Signature Kelly Rowland (M. D. or other)
Address Holden Mo Date signed 9/4/42

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

1001

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-8-42

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 _____

Licensed Embalmer No. 4305

P. O. Address Wellington MD

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.