

Registration District No. 95

Primary Registration District No. 6190

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Arabi, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Arabi, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLIVER MARTIN CHARLES

3. (b) If veteran, name war None

3. (c) Social Security No. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 29, 1942, to July 31, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Emma Charles 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Nov. 23, 1876
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration 3-4 months

Due to Prostatic trouble and cystitis of bladder

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 65 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Jackson Charles

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

14. Maiden name Matalda Seeliver

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

Major findings: Of operations ---

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Tray Charles

(b) Address Arabi, Missouri

17. (a) Burial (b) Date thereof Aug 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jameson Ch. Mo.

18. (a) Signature of funeral director Flavel S. Morgan

(b) Address Arabi, Mo

19. (a) 8-10-42 (b) Enez Bennett
(Date received local registrar) (Registrar's signature)

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 E. L. Bennett (M. D. or other) _____
Address Arabi, Mo Date signed _____

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

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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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lloyd S. Morgan*.....

Licensed Embalmer No. *3261*.....

P. O. Address *Advause, 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.