

Registration District No. 358

Primary Registration District No. 6214

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Verdon
 (b) City or town Walker, P.F.D. #2 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home in Clear Creek Township
 (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) County Verdon State Missouri (b) County Johnson
 (c) City or town Walker, P.F.D. #2 (If outside city or town limits, write "RURAL")
 (d) Street No. ✓ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Florence Fay Charles

8. (b) If veteran, name war 8. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5
 year 1942 hour 25 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1940 to Dec 5, 1942

that I last saw her alive on Dec 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension heart disease

Due to Coronary Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations ✓

Of autopsy _____

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 C. B. Davis (M. D. or other)
 Address Walker, Mo. Date signed 12-7-42

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter Charles 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Feb. 28, 1883
 (Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Walker, P.F.D. #2, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Home Keeper

11. Industry or business ✓

12. Name John C. Newland

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

14. Maiden name Allie E. Randall

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

16. (a) Informant Walter Charles

(b) Address Walker, Mo. P.F.D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 8 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Walker, Missouri

18. (a) Signature of funeral director Allie E. Randall

(b) Address Newada, Missouri

19. (a) 12-8-42 (Date received local registrar) (b) Walter Charles (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

08
00

1-5-11-2
11-10-39
5-17-39
PI X21492

JAN 23 1943

RECEIVED
District Health Officer No. 7,
District File Number 12-1471
Date Filed 1-15-43

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 Allen V. Keys
Licensed Embalmer No. 1968
P. O. Address Nevada, 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, above space should be left blank.