

FILED AUG 12 1943

Registration District No. 27

Primary Registration District No. 3045

Registrar's No. 56

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
906 E. CYPRESS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 60 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

(c) City or town CHARLESTON 2
(If outside city or town limits, write "RURAL")

(d) Street No. 906 E. CYPRESS
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE 0

3. (a) PRINT FULL NAME THERESA TELKER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 16
year 1943 hour 3 minute 40 A.M.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOHN BERNARD TELKER

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased SEPTEMBER 9, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/2 1943 to 7/16 1943,
that I last saw her alive on 7/16 1943,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 10 7 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage 15da.

9. Birthplace ORAN Mo
(City, town, or county) (State or foreign country)

Due to Hypertension 29yrs

10. Usual occupation AT HOME

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

11. Industry or business HOUSEWIFE

PHYSICIAN 83a!

Major findings:
Of operations _____

Of autopsy NO

Underline the cause to which death should be charged statistically.

12. Name LOUIS HALTER

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

14. Maiden name NO RECORD

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant ED TELKER

(b) Address 906 E. CYPRESS - CHARLESTON, MO

17. (a) BURIAL (b) Date thereof 7-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY - CHARLESTON, MO

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Mo

19. (a) 8-1-43 (b) [Signature]
(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? _____

23. Signature E. Charles Alving (M. D. or other) _____
Address Charleston, Mo Date signed 7/17/43

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

MOTHER FATHER

1257

RECEIVED

District Health Office No. 2,

District File Number 843-1014

Date Filed 8-9-43

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

John F. Munnell Jr

Licensed Embalmer No.

3851

P. O. Address

Charleston 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.