S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14069

Registration District No. FILED APR 30 1944 No

Primary Registration District No. 3006

Registrar's No. 87

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1703 Edward Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 84 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 1703 Edward Ct.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ANDY RULE CHARLTON

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Annie Charlton

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

7. Birth date of deceased: 11 (Month) - 23 (Day) - 1859 (Year)

8. AGE: Years 84 | Months 4 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs. D.F. Baker,
(b) Address: 1703 Edward Ct., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Olivet Cemetery

18. (a) Signature of funeral director: Parson Funeral Service
(b) Address: Columbia, Mo.

19. (a) 3-31-1944 (Date received local registrar) (b) Edna H. Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1944 hour 9:05 minute ____ A. M.

21. I hereby certify that I attended the deceased from 3-8-44, 19__, to 3-24-, 1944, that I last saw him alive on 3-24-, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration 8 days

Due to: Burn on both legs forehead & face

Due to: ____

Other conditions (Include pregnancy within 3 months of death): Central hemorrhage several yrs ago.

Major findings: Of operations: none

Of autopsy: none

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): Burns
(b) Date of occurrence: ____
(c) Where did injury occur? At home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the house (Specify type of place)
While at work? no (e) Means of injury: ____

23. Signature: W. D. Dysart (M. D. or other)
Address: Columbia Mo Date signed: 3-27-44

1250 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

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 W. N. Whitsitt

Licensed Embalmer No. 3893

P. O. Address Calumet Mich

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.