

FILED JUN 9 1944
Registration District No. ~~1084~~

Primary Registration District No. 5371

Registrar's No. 61

1. PLACE OF DEATH:

(a) County... Daviess
(b) City or town... Jameson Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Truff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. fifty years (Specify whether years, months or days)
In this community fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Daviess 31
(c) City or town... Jameson Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Washington 0
(If rural, give location) Truff
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Charles Jefferson Etchison
3. (b) If veteran, name war: ✓
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1944 hour 10:15 minute A.M.
21. I hereby certify that I attended the deceased from Apr. 28, 1944
to May 2, 1944, 19...
that I last saw him alive on May 2, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lee Etchison
6. (c) Age of husband or wife if alive blood years
7. Birth date of deceased Aug 2 1867
(Month) (Day) (Year)

Immediate cause of death Hemiplegia Duration 5 day

8. AGE: Years 76 Months 9 Days 0
If less than one day hr min.

Due to Hypertension 10 yr.

9. Birthplace Henry Co Ind. 1
(City, town, or county) (State or foreign country)

Other conditions g3d
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Merchant

PHYSICIAN

11. Industry or business Retired Merchant
12. Name Robert Fields Etchison
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Eliza Peabworth
15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

Major findings:
Of operations: g3d
Of autopsy: g3d

16. (a) Informant Mrs A. R. Conway
(b) Address Jameson R R 2

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof May 4-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Cosper

(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?

18. (a) Signature of funeral director: W. S. ...
(b) Address Parsons Ind
19. (a) 6-1-1944 (b) A. C. Etchison
(Date received by local registrar) (Registrar's signature)

23. Signature P. S. Baumgardner M. D. or other bo
Address Box 88 Co. 1 Ind. Date signed 5/2/44

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

MOTHER FATHER

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 *G. L. Brown*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.