

S. No. 2
M-8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28345**
Registrar's No. **134**

Registration District No. **316**
Primary Registration District No. **6070**

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

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Rural Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Francois**
(c) City or town **Rural Liberty**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Charles Canterbury**
3. (b) If veteran, **name war**
3. (c) Social Security No.

4. Sex **M** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Frances Canterbury**
6. (c) Age of husband or wife if alive **18** years
7. Birth date of deceased **April 18 1848**
(Month) (Day) (Year)

8. AGE:
Years **97** Months **4** Days **8**
If less than one day hr. min.

9. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **Self**

12. Name **unknown** **9**

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

14. Maiden name **unknown** **9**

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

16. (a) Informant **Mrs. Emma Green**
(b) Address **Knob Rock Mo**

17. (a) Burial **(b) Date thereon** **8-28-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odd Fellows Home**
(a) Signature of funeral director **Fredericktown Mo**
(b) Address **Fredericktown Mo**

19. (a) 8-28-45 **(b) Esther Rudloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **26** year **1945** hour **8** minute **P.** M.
21. I hereby certify that I attended the deceased from **Jan 1943** to **Jan 1945**
that I last saw him alive on **Aug 14** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic nephritis**
Due to **arterio sclerosis**
Other conditions **Chronic liver trouble**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **1314**
Of autopsy **1314**

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?
(Specify type of place)
White at work? (e) Means of injury **1314**

23. Signature **W. Harry Benson** (M. D. or other)
Address **Fredericktown Mo** **Date signed** **8/27/45**

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

1397

RECEIVED

District Health Officer No. 4
District File Number 945-110.3
Date Filed 9-10-45

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.

No Embalming

Signed *John A. Holt*

Licensed Embalmer No. 4264

P. O. Address Fredericktown, Md.

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.