

No. 2
M-5-43
5-17-39
X3687

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28637
Registrar's No. 113

FILED SEP 8 1947
Registration District No. 290

Primary Registration District No. 4427

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

1. PLACE OF DEATH:

(a) County Pulaski

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

(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days
(Specify whether)

In this community 12 Days
years, months or days

3. (a) PRINT FULL NAME Charles Eugene Deer

3. (b) If veteran, name war _____

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Grace Deer

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 17 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>4</u>	<u>9</u>	hr. _____ min.

9. Birthplace Buffalo Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business industry

MOTHER FATHER { 12. Name Felix Deer 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Cunningham 9

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

16. (a) Informant Martha Baby Davis

(b) Address 1801 N. Union, Shawnee, Okla.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 8-25-47
(Month) (Day) (Year)

(c) Place: burial or cremation Raymolds Chapel

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

(b) Address Buffalo Mo

19. (a) Sept. 4, 1947 (Date received local registrar)

(b) Blaine C. Cusack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County unknown 48

(c) City or town Kansas City @
(If outside city or town limits, write "RURAL")

(d) Street No. 105 Holmes, Hickman Mills 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1947 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from 8-11-47 to 8-25-47 19____;
that I last saw him alive on 8-25-47 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Cerebral Hemorrhage

Due to _____

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

Major findings: 83A

Of operations _____

Of autopsy _____

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) _____

(b) Date of occurrence 8-25-47

(c) Where did injury occur? Waynesville, Mo. Hosp
(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 H. Davis M.D. (M. D. or other) 0

Address Rolla, Mo. Date signed 8/26/47

DEC 31 1958

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

Leland Jones

Licensed Embalmer No.

2508

P. O. Address

Buffalo 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.