

FILED JUL 19 1948

State File No.

Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Kingsville, R.R.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Kingsville Twp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 50 years
 years, months or days)

3. (a) PRINT FULL NAME CHARLES EDWARD WIDDER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maude Widder 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 12 1877
 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 24
 If less than one day hr. min.

9. Birthplace Rogersville, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer11. Industry or business same12. Name Frederick Widder13. Birthplace unknown
 (City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Maude Widder(b) Address Kingsville, Missouri17. (a) burial (b) Date thereof July 9, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pleasant Hill, Mo.18. (a) Signature of funeral director Canaday & Ropp(b) Address Holden, Missouri19. (a) July 12, 1948 (b) Mr. D. Redford
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
 (c) City or town Rural Kingsville Twp
 (If outside city or town limits, write "RURAL")
 (d) Street No. XXXXX
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
 year 1948 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from July 4, 1948, to July 6, 1948
 that I last saw him alive on July 6, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Duration

Due to

Due to

Other conditions Gen Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 940

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:

(c) 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?

While at work (Specify type of place) (e) Means of injury

23. Signature Kelly Paulina (M. D. or other)Address Holden, Mo Date signed 7/8/48

[Handwritten scribbles]

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 *Samuel B. Rapp*

Licensed Embalmer No. *4044*

P. O. Address *Golden, 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.