

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39716**

FILED DEC 27 1948

Registration District No. **7**

Primary Registration District No. **5330**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Frederick**
(b) City or town **Dellard MD**
(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 (Specify whether)

In this community, years, months or days

3. (a) PRINT FULL NAME **Eugene Edward Charlton**

3. (b) If veteran, name war: **WW** 3. (c) Social Security No.

4. Sex **M** Color or race **W** 5. Single, widowed, married, divorced **1**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **30** yr **30** min

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

10. Usual occupation **none**

11. Industry or business **none**

MOTHER FATHER

12. Name **Ruthie Charlton**

13. Birthplace **H Charles MD** (City, town, or county) (State or foreign country)

14. Maiden name **Ruthie Bernice Sigurd**

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

16. (a) Informant **Ruthie Charlton**

(b) Address **Dellard MD**

17. (a) Burial, cremation, or removal **Steelville Mo** (b) Date thereof **Dec 18 48** (Month) (Day) (Year)

(c) Place: burial or cremation **Steelville Mo**

18. (a) Signature of funeral director **J J Gonzalez**

(b) Address **Steelville Mo**

19. (a) **Dec 22 1948** (Date received local registrar) (b) **Elmer Harrison** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **17** year **1948** hour **8:00** minute **P** M.

21. I hereby certify that I attended the deceased from **12/17** 19**48** to **12/17** 19**48** that I last saw him alive on **Dec 17** 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxia** Duration **1 hr.**

Due to **compression of umbilical cord** **1 hr.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **16 hr**

Of autopsy Underline the cause of 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
(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 **L**
23. Signature **J M H Robey** (M. D. or other) **DO**
Address **Steelville Mo** Date signed **12/18/48**

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

RECEIVED 12-21-48
District Health Officer No. 5
District File Number 1248992
Date Filed 12-21-48

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 *L. J. Janias*

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

L. J. Janias

Licensed Embalmer No. *2379*

P. O. Address *Steelville 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.