FILED JUN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18411
Do not use this space.

1. PLACE OF DEATH
(a) County CLAY
(b) Township Liberty
(c) City Liberty
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 201
Primary Registration District No. 5280
Registered No. .....

2. PRINT FULL NAME CHARLES R. CHAMPION
(a) Residence, No. 515 HARRISONVILLE, MO. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF LAURA A. CHAMPION

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29 1863

7. AGE: Years 75 | Months 10 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER & TRS.
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GREEN VALLEY, ILL.

FATHER
13. NAME ALFRED G. CHAMPION
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENN

MOTHER
15. MAIDEN NAME EMMALINE C. KIBBY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) MARY C. KILE, DAUGHTER, K.C., MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE RAYMORE, MO. DATE 5/15/39, 19

19. FUNERAL DIRECTOR (ADDRESS) CHURCH-ARCHER CO. LIBERTY, MO.

20. FILED May 20, 1939 W. H. Shafer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1939, to ....., 19....
I last saw him alive on May 1, 1939. Death is said to have occurred on the date stated above, at 5:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Genl Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. H. Gordon, M. D.
(Address) Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)