

AUG 18 1939

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

26217

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 3079  
(c) City Harrison (d) Street No. Lexington Hosp. 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.

2. PRINT FULL NAME Raymond Chariton

(a) Residence, No. 936 Baker St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-10-1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
6 - 18

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Mo

FATHER

13. NAME Francis Chariton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Laura Pierce16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL17. INFORMANT (ADDRESS) Francis Chariton 936 Baker Harrison Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Hill Rem. Co. Mo. DATE 7-30-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) James O. Donnell Harrison Mo20. FILED July 31, 1939 H. C. Fisher Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-28-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

Verdict of Jury  
By Being Struck by a Automobile  
Driver by George Killian in a  
Marxable Accident

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 7-28-1939  
Where did injury occur? Harrison, Marion Co. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fractured skull + leg

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) James O. Donnell Coroner Harrison Mo(Address) Harrison Mo

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**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 James O. Powell  
Licensed Embalmer No. 20,546  
P. O. Address Anniston - Ala

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**