

Registration District No. 502

Primary Registration District No. A305

State File No. _____

Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Marceline
 (c) Name of hospital or institution: B. B. Putman Memorial Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Charles J. Teeters
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1 1920
 (Month) (Day) (Year)

8. AGE: Years 19 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation None
 11. Industry or business Worked some as carpenter

MOTHER FATHER { 12. Name William Melvin Teeters
 18. Birthplace Bucklin Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Abba P. Joyce
 15. Birthplace Bucklin Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Tallie Teeters
 (b) Address Bucklin Mo.

17. (a) Burial (b) Date thereof 8-19-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bucklin Mo.

18. (a) Signature of funeral director Larsen Funeral Service
 (b) Address Bucklin Mo.
 19. (a) 8-17 (b) Clara Barrett
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Linn
 (c) City or town Bucklin
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 17
 year 1939 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 14
 _____, 1939, to Aug 17, 1939;
 that I last saw him alive on Aug 17, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Circulatory collapse Duration 30 min
Shock Septicemia 3 weeks
 Due to Operation for abscess of
right knee & osteomyelitis 1 month
 Due to Injury received July 15, 1939
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations abscess of knee at time
osteomyelitis of tibia
 Of autopsy _____
 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) Accident
 (b) Date of occurrence July 15, 1939
 (c) Where did injury occur? Bucklin farm Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place)
 (a) Means of injury judicial officer
 23. Signature B. B. Putman (M. D. or other) MD
 Address Marceline Date signed 8/28/39

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.

DISBURSEMENT No. 11,

DISBURSEMENT No. 934-1202

Date Filed SEP 14 1939

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.....

Licensed Embalmer No. *4037*

P. O. Address *Bucklin 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, above space should be left blank.