

MAY 15 1940

Registration District No. 761

Primary Registration District No. 4456

Registrar's No. 174456

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Appleton city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
a street Home 9
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Appleton City
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from July 1
1926 to April 23, 1940
that I last saw him alive on April 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Angina pectoris
Due to Chronic myocarditis
Due to Hypertension
Arteriosclerosis
Other conditions:
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations 94 W
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) _____
(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?

836
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature R. L. Hansen (M. D. or other) MD
Address Appleton City Mo Date signed 7-23-40

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

3. (a) PRINT FULL NAME CHARLES FLERENCE DINES

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ALICE M THOMPSON 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 29, 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Rural Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name William Dines

13. Birthplace Rossville Ill
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Knopf

15. Birthplace not known Ill
(City, town, or county) (State or foreign country)

16. (a) Informant John Dines

(b) Address Appleton City Mo

17. (a) Buried (b) Date thereof April 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony

18. (a) Signature of funeral director Louis Lee

(b) Address Appleton City Mo
(c) April 23 40 (Date received local registrar) Elis Abney (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 5-46-717

Date Filed 5-6-40

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 ME
on the 23 day of April 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City

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.