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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13

JUL 1 1940

Registration District No. 117

Primary Registration District No. 5167

Registrar's No. _____

1. PLACE OF DEATH

(a) County Cambden

(b) City or town on Lake Park opposite #31 mile

(c) Name of hospital or institution: Abon #3 Highway Bridge

(d) Length of stay: In hospital or institution 3

In this community few days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin

(d) Street No. 2914 Main St

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Orville Richard Charlton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife LEONA M 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 21 - 1898

8. AGE: Years 42 Months 11 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace CARROLLTON MO

10. Usual occupation DISTRICT REPRESENTATIVE

11. Industry or business GENERAL FOODS CORP

MOTHER FATHER

12. Name Thomas Charlton

13. Birthplace not known

14. Maiden name not known

15. Birthplace not known

16. (a) Informant's own name Maheona Charlton

(b) Address 2914 Main St Joplin

17. (a) Removal (b) Date thereof June 22-40

(c) Place: burial or cremation Joplin, Mo

18. (a) Signature of funeral director B. Wooley

(b) Address Cambden, Mo

19. (a) June 22-40 (b) Logan T. Keller

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1940 hour about 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on June 22 - 1 am, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning

Due to Overturned boat

Due to Sinking Boat

Other conditions 187

Major findings: Inquest

Of operations _____

Of autopsy July 17

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 22 - 1940

(c) Where did injury occur? on Lake Park Cambden Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) _____

(e) Means of injury drowning

23. Signature B. Wooley Coroner

Address Cambden, Mo Date signed _____

WHILE FLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.

PHYSICIAN
Underline the cause to which death should be charged statistically.

JUN 12 1946

19817 NIP

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Abby Banksou Wooler

Signed.....

David Allen

Licensed Embalmer No.

~~248~~ 248

P. O. Address.....

~~Springfield, 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.

Camdenton, Mo