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

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3484

Registration District No. 577 Primary Registration District No. 5775 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town [illegible] (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 Year years, months or days)

2. USUAL RESIDENCE OF DECEASED: 68
(a) State Missouri (b) County Moniteau 0
(c) ~~City or~~ town Latham (If outside city or town limits, write "RURAL") 0
(d) Street No. No St. address (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Medlin
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 Aug (Month) 18 (Day) 1872 (Year)

8. AGE: Years 68 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Moniteau (City, town, or county) MoU (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Wm Hall Medlin
13. Birthplace Moniteau (City, town, or county) MoU (State or foreign country)
MOTHER
14. Maiden name Elizabeth Howard
15. Birthplace Cooper (City, town, or county) Mo (State or foreign country)
16. (a) Informant James Medlin
(b) Address Clarksburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1941 (Month) (Day) (Year)
(c) Place: burial or cremation Green Grove
18. (a) Signature of funeral director Williams & Friedmeyer
(b) Address California, Mo
19. (a) 1-28-41 (Date received local registrar) (b) Nadine Latham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25 year 1941 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan. 22, 1941, to Jan. 25, 1941, that I last saw him alive on Jan. 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Influenza	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94 W

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other) D.O.
Address California, Mo Date signed 1/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California M

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, fact should be so stated above.