

No. 2
4-13-40
-17-39
I X23159

Registration District No. 22

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 Years
years, months or days)

3. (a) PRINT FULL NAME George E. Charles

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Alice Charles

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 3, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>1</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Charles

13. Birthplace Harrisburg, Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Foracre

15. Birthplace Delaware
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Charles

(b) Address 5544 Park Ave.

17. (a) Burial (b) Date thereof 2-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 2/18/41 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5544 Park Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 3
1941, to Feb 17, 1941;
that I last saw him alive on Feb 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Chronic Nephritis

Due to encephalitis 131

Due to Frail Infection 131

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 D

23. Signature Dullman (M. D. or other) MD

Address 10307 Dupuy Date signed 2/17/41

Final 4098

10307 Grand St. Case

At 10:00 AM '24

4:00 to 4:30

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 Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address 76 E 760

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.