

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35104

Registration District No. 370

Primary Registration District No. 4216

Registrar's No.

1. PLACE OF DEATH:  
(a) County Holt  
(b) City or town Forest City, Missouri  
(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  
In this community 8 years (Specify whether years, months or days)

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

4. Sex Male 0  
5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 1st, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	6	7	hr. min.

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

10. Usual occupation Retired Mariner

11. Industry or business Ocean Going

MOTHER FATHER  
12. Name Joseph Medd  
13. Birthplace Hull, England  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane (Unknown)  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willard Hahn  
(b) Address Forest City, Missouri

17. (a) Burial (b) Date thereof Oct 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (a) Signature of funeral director James H. Pettigrew  
(b) Address Oregon, Missouri

19. (a) (b) 10-11-1941  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Holt  
(c) City or town Forest City  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country England

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th  
year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 3 1941 to Oct 8 1941  
that I last saw him alive on Oct 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor of Prostate V  
Disease

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature O. F. ...  
Address ... Date signed 10-10-41

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

to Kearney  
to officer  
to Chandler

---

---

**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.....

*James H. Pettigrew*

Licensed Embalmer No. 3192

P.O. Address Oregon, Missouri

**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.