

S. No. 2
1-9-41
7-5-37-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16895

State File No.

FILED JUN 18 1942 99
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2263

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:
6640 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. ---
(Specify whether
In this community 50 Years
years, months or days)

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. 6640 Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ----

3. (a) PRINT FULL NAME Mr. Charles Charpiot

(b) If veteran, name war. No (c) Social Security No. 499-16-2482

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

6. (b) Name of husband or wife Mrs. Estelle Surface Charpiot 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 16 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 01 Days 21 If less than one day hr. min.

9. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary and Treasurer

11. Industry or business Shenandoah - Dives Mining Co.

12. Name George Charpiot

13. Birthplace Unknown France
(City, town, or county) (State or foreign country)

14. Maiden name Celina Huot

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

16. (a) Informant Mrs. Estelle Surface Charpiot

(b) Address 6640 Locust Street

17. (a) Burial (b) Date thereof June 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director H. H. Newcomer's home

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-10-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1942 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 24 to June 8 1942 that I last saw him alive on June 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death.

Acute left pyleonephritis
generalized (about 3 or 4 yrs)
vascular sclerosis
Other conditions: 170 cc - 2
(Include pregnancy within 3 months of death)

Duration

2 1/2 wks

PHYSICIAN

Major findings: 170 cc - 2
Of operations.
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) auto accident

(b) Date of occurrence June 24, 1942

(c) Where did injury occur? K.C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
on street Rockhill Road

While at work? no (Specify type of place) (b) Means of injury collision with

23. Signature William Gardner (M. D. or other)

Address 4200 Prof Bldg Date signed 6-8-42

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

420 Professional Bldg
2-4

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 Ernie M. Colburn

Licensed Embalmer No. 3506

P. O. Address KC 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, fact should be so stated above.