

FILED SEP 11 1942

Registration District No. 368

Primary Registration District No. 368 6248

Registrar's No. 11

110
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Richwoods (TAM)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richwoods Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Washington
(c) City or town Richwoods - no 11 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Inez Charbonneau

3. (b) If veteran, name war _____

no

3. (c) Social Security No. no

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 4 (Month) 21 (Day) 1878 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>87</u>	<u>4</u>	<u>9</u> hr. _____ min.

9. Birthplace Richwoods Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

12. Name Inez Charbonneau

13. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

14. Maiden name Harriet DeLeon

15. Birthplace Richwoods Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Laura Hayes

(b) Address Richwoods Mo

17. (a) Burial (b) Date thereof 8-31-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Richwoods Mo

18. (a) Signature of funeral director Doyen Lewis

(b) Address Richwoods Mo

19. (a) Aug 31 1942 (Date received local registrar) (b) W. J. Adams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 1942
year 1942 hour 115 minute _____ M.

21. I hereby certify that I attended the deceased from Mar 1942 to Aug 30 1942

that I last saw him alive on Aug 28, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy
Arteriosclerosis

Due to _____

Due to _____

Other conditions 83d
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

Duration

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) natural

(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? no (Specify type of place) (e) Means of injury _____

23. Signature O W Parker (M. D. or other)

Address Richwoods Mo Date signed 8-30-1942

RECEIVED

District Health Officer Not 4
District File Number 942-1163
Date Filed 9-2-43

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.