

FILED NOV 10 1942

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 65

49
26

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

I. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(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 _____ (Specify whether
years, months or days)

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

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Bell Droughton 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June 6, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 24 hr. _____ min.

9. Birthplace Franklin County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Jeweler

11. Industry or business _____

MOTHER FATHER
12. Name Walter Broughton
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Virginia Harrison
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Bell Droughton
(b) Address Wells City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director W. H. D. ...
(b) Address Wells City

19. (a) Oct 3 1942 (Date received local registrar) (b) W. D. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. 706 N. L. Daugherty
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1 year 1942 hour 1:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

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) _____ (e) Means of injury _____
23. Signature W. D. ... (M. D. or other) 5/2
Address Carthage Mo Date signed _____

42.10.853

~~42.10.853~~

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 myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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, above space should be left blank.