

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

34586

Registration District No.

292

Primary Registration District No.

5999

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls  
(b) City or town Center Twp  
(c) Name of hospital or institution: Ralls County Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Mo  
In this community Life in the County (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Thomas

3. (b) If veteran, name war

3. (c) Social Security No.

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

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

7. Birth date of deceased Unknown 1861  
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Ralls County Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Chas. Thomas Supt

(b) Address Center Mo

17. (a) Burial (b) Date thereof Oct 26, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek

18. (a) Signature of funeral director Wm. H. Parker

(b) Address Center Mo

19. (a) Oct 26, 42 (b) Mrs. Carol Parkinson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls  
(c) City or town Huntington, RFD  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1942 hour 6 minute 50 Am M.

21. I hereby certify that I attended the deceased from Aug 6, 1942, to Oct 25, 1942, that I last saw him alive on Oct 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis Acute 2 weeks  
Myocarditis Chronic 1 year  
Myocarditis Chronic 2 years

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

Major findings: Of operations None

Of autopsy None

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)  
(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) (a) Means of injury

23. Signature P. H. Parker (M. D. or other) P. C.  
Address Center, Mo Date signed Oct 28, 42

District Health Officer No. 10

District File Number 11342-2005

Date Filed NOV - 9 1947

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Ma

working under my personal supervision.

**Signed**

..., Registered Apprentice No. ....

Licensed Embalmer No. 3556

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, above space should be left blank.**