

FILED APR 8 1943

Registration District No. 2

Primary Registration District No. 5019

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Andrew County
(b) City or town Rural #3 Rochester Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 Miles East Savannah, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural #3
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles East Savannah, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Wesley Charlton

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife May D. Charlton 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 13 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Charlton
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Gardner
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant May D. Charlton
(b) Address Rural #3, Savannah, Mo.

17. (a) Burial (b) Date thereof 3-15-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Meierhoff
(b) Address 13th. & Faraon St. St. Joseph, Mo.

19. (a) 3-15-43 (b) F.H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th.
year 1943 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1st 1943 to March 12, 1943
that I last saw him alive on Feb-22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anoxia Embolic
Duration twice

Due to Cerebral Anoxia ?

Due to 94W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94W
Of autopsy 94W

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) 94W
(b) Date of occurrence 94W
(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) Means of injury 94W

23. Signature F.H. Fitchman (M. D. or other)
Address 1072 Date signed 3-13-43

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

MOTHER FATHER

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.....

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, 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.