

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 5-8

Primary Registration District No. 5214

Registrar's No.

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Rural Johnson Twp.
(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 10yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charley E. Routh

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Oct 13 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 21 If less than one day hr. min.

9. Birthplace Ozark Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William H. Routh

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

14. Maiden name Unknown

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

16. (a) Informant Charles E. Routh Jr.

(b) Address Fort Lenoard Wood. Mo.

17. (a) Burial (b) Date thereof 5-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah Roby Mo.

18. (a) Signature of funeral director Leuckel Funeral Service

(b) Address Van Buren Mo.

19. (a) May 5 1943 (b) Mr. J. J. Smith
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h..... alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Homicide by firearms-

Due to Death resulted from a discharge of shot from a 12 Gauge shot gun at short range, entering back neck, fracturing cervical vertebrae- Death following immediately after this injury-

Major findings: Of operations 166

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence May 5th, 1943

(c) Where did injury occur? Carter Co. Mo. (County) (State)

(d) Intersection of Highways 60 & 21, Johnson Twp. (County) (State)

(e) While at work? (f) Means of injury

23. Signature J. W. Cotton (M. D. or other) Cosner

Address Van Buren Date signed 5/5/43

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

MOTHER FATHER

1078

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District House Officer No. 8

District File Number 643365

Date Filed 6-8-43

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.

Signed *Seaton Dewitt*

Licensed Embalmer No. *2287*

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.