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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

Registration District No. 157

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38466

Primary Registration District No. 5587

Registrar's No. 217

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural Preston Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7 mile South West/Jasper Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mile South West Jasper Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles A. Post

3. (b) If veteran, name war None

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 Cora A. Post

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

7. Birth date of deceased Oct. (Month) 20th. (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	28	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name A. C. Post
13. Birthplace Lima (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Isabell Bryant
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Cora Post
(b) Address Carthage Mo. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20-43 (Month) (Day) (Year)
(c) Place: burial or cremation Paradise Cem.

18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper, Mo.

19. (a) Nov. 19 '43 (Date received local registrar) (b) Elizabeth Compton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1943 hour 8 ~~minute~~ a. M.

21. I hereby certify that I attended the deceased from 11-10-43, 19, to 11-18, 1943
that I last saw ~~him~~ alive on Nov. 16 — 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage (Paralysis) — Duration

Due to

Due to Infirmities of age.

Other conditions (Include pregnancy within 3 months of death)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Knott M.D. (M. D. or other)
Address Jasper Mo. Date signed 11/19/43

(Licensed Embalmer's Statement on Reverse Side)

45-11-1002

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 Thos. J. Teeter

Licensed Embalmer No. 2566

P. O. Address Jasper 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, fact should be so stated above.