

FILED APR 13 1944

Registration District No.

Primary Registration District No. 5245

Registrar's No. 17

1. PLACE OF DEATH
(a) County Chariton
(b) City or town Rural (Keosauqua Sup)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chariton County Infirmary 5
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 5 days
In this community 5 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Chariton 21
(c) City or town Rural
(If outside city or town limits, write "RURAL"
(d) Street No. 2 miles E. of Keosauqua
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLEY WITT RELL
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 3rd
year 1944 hour 9 minute 7 M.
21. I hereby certify that I attended the deceased from Feb 8, 1944, to March 3, 1944
that I last saw him alive on March first, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Anna Littrell 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased Jan 18 1873
(Month) (Day) (Year)

Immediate cause of death: Phonetic pulmonary tuberculosis
Due to 13 R 1
Due to 13 R 1
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 13 R 1
Of autopsy

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. min.

Duration Don't know
PHYSICIAN Don't know
Underline the cause to which death should be charged statistically.

9. Birthplace Fulton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business
12. Name Don't know
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Lee
(b) Address Social security office Keosauqua

17. (a) Burial (b) Date thereof March 3 - 1944
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Chariton County Infirmary

18. (a) Signature of funeral director John Adams

(b) Address Keosauqua

19. (a) 3/11/44 (b) R. Gehring
(Date received local registrar) (Registrar's signature)

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) (Specify type of place)
Means of injury
23. Signature Carl C. Keosauqua (M. D. or other)
Address Keosauqua, Mo. Date signed 3/8/44

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

2
42
-39
32873

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-12-47

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.....

This body was not embalmed......, Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. D. Garnett*.....

Licensed Embalmer No. *3046*

P. O. Address..... *755 Taylorville 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.