

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

FILED APR 13 1944

State File No.

Registration District No. 104

Primary Registration District No. 4109

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Keytesville

(c) Name of hospital or institution: Hof-Cleveland Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Chariton

(c) City or town Keytesville (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME GROVER-CLEVELAND-SCHELL

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-20-0609

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 19th, year 1944, hour 10, minute P. M.

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. Jan 30 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13 1944 to March 19 1944, that I last saw him alive on March 17 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 59, Months 1, Days 17
If less than one day hr. min.

Immediate cause of death. Carcinoma of sigmoid colon

Duration ?

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

10. Usual occupation Salesman

Due to.

Due to.

11. Industry or business

12. Name Charles Schell

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

14. Maiden name Bertha Howard

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

Other conditions Gout 2 mos.
(Include pregnancy within 3 months of death)

PHYSICIAN

16. (a) Informant Charles Schell Jr.

(b) Address Keytesville

17. (a) Burial (b) Date thereof May 21 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Keytesville Mo.

18. (a) Signature of funeral director Wm. L. Bennett

(b) Address Keytesville Mo.

19. (a) 4/6/44 (b) R. H. Gehring
(Date received local registrar) (Registrar's signature)

Major findings: 462

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

RECEIVED

District Officer No. 8,

District File Number

Date Filed

4-12-74

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

H. D. Garnett

Licensed Embalmer No.

3046

P. O. Address

Keytown, 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.