

FILED MAY 11 1944

State File No. ....

Registration District No. 186

Primary Registration District No. 5693

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BlueMound Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 12 miles S. Chillicothe  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Charles Edgar Close

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

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 March 10 1901  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>1</u>	<u>5</u>	..... hr. .... min.

9. Birthplace Livingston County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Charles Nelson Close

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

14. Maiden name Susan M. McClintock

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

16. (a) Informant Mrs. Albert Zullig

(b) Address R. E. D. Dawn, Missouri

17. (a) Burial (b) Date thereof 4-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) 4-29-44 (b) Mary C. Duffield  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1944 hour one minute 25 M.

21. I hereby certify that I attended the deceased from 4-11-44 to 4-11-44  
that I last saw him alive on 4-11-44  
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy

Due to.....

Due to.....

Other conditions 85  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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)  
(e) Means of injury ✓

23. Signature Rebecca Barnes (M. D. or other) 1944

Address Chillicothe, Mo. Date signed 4-27-

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

2  
2  
39  
22873

MOTHER FATHER

1005

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.....

*Elton J. Norman*

Licensed Embalmer No.....

*4036*

P. O. Address.....

*Chillicothe, 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.**