

FILED JUN 9 1944

Registration District No. 18

Primary Registration District No. 5370

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/4 Mi. So. Gallatin Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 Days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess **3/**
(c) City or town Gallatin
(If outside city or town limits, write "RURAL") **0**
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME Charity Melvina Page

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Clarence Page 6. (c) Age of husband or wife if alive Deed years

7. Birth date of deceased December 19 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 0 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Paris Clay
13. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Carter
15. Birthplace Daviess County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Page
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 5-21-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.

19. (a) 5-24-1944 (b) R. O. Peterson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from April 19th
1944, to May 19, 1944,
that I last saw her alive on May 15, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

Other conditions 93d
(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 0

23. Signature Fred Williams (M. D. or other)
Address Winston, Missouri Date signed 5-24-44

Duration several months
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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..... *L. O. Richardson*

Licensed Embalmer No. *3302*

P. O. Address *Fall River, Ma*

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.