

FILED OCT 9 1944

Registration District No. **206**

Primary Registration District No. **3042**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Fredericktown mo**
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **4 days** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Bollinger**
(c) City or town **Rural** (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 _____

3. (a) PRINT FULL NAME **Charles Elmer Lister**

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

4. Sex **m.** 5. Color or race **w.** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **aug 24 1869** (Month) (Day) (Year)

8. AGE: Years **75** Months **—** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Pike co Ind.** (City, town, or county) (State or foreign country)

10. Usual occupation **Rail Roading**

11. Industry or business _____

12. Name **Joseph Lister**

13. Birthplace **unknown W** (City, town, or county) (State or foreign country)

14. Maiden name **unknown**

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

16. (a) Informant **Charles R. Lister**

(b) Address **Lutoma Okla.**

17. (a) **Burial** (b) Date thereof **9-17-1944** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: **Prison Mo**

18. (a) Signature of funeral director **Edwards**

(b) Address **Madison Mo**

19. (a) **Sept 16 1944** (b) **B.C. Slaughter** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept**, day **12**, year **1944**, hour **2:15** minute **25 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Heart attack**

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) **200**

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 **Sept. 12th 1944**

(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? **Gavern Hotel** (Specify type of place)

While at work? _____ (e) Means of injury? _____

23. Signature **Marvin H. Conroy** M.D. or other _____

Address **Fredericktown** Date signed **9/18/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

77770 N

451 Day 2

RECEIVED

District Health Officer No. 4
District File Number 1044-4381
Date Filed 10-6-44

OCT 9 1944

JUN 8 1945

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, by
....., Registered Apprentice No.
working under my personal supervision.

Signed John H. Holt
Licensed Embalmer No. 4264
P. O. Address Fredricktown, 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.