V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4079

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~111 S. Bellaire~~ Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 111 S. Bellaire
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 111 S. Bellaire
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY MARTIN CHARLES

3. (b) If veteran, name war No

3. (c) Social Security No. 703-03-9236

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Feb. 27, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	7	~~12~~ 11	hr. min.

9. Birthplace Freeburg, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Car Inspector

11. Industry or business K. C. Terminal

FATHER
12. Name Oliver Charles
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Angeline Hill
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernst M. DeLate
(b) Address 111 S. Bellaire

17. (a) Burial (b) Date thereof Oct. 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 10-11-44 (b) R. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 9
year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15, 1944, to Oct 9, 1944, that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Carcinoma	6 mo
Due to	
Due to 46 b	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dean S. Rising (M. D. ~~or other~~)
Address 814 Professional Bldg Date signed 10/10/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dean Rising

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.....

Licensed Embalmer No.....

P. O. Address.....

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.