S. No. 2
4—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35085

Registration District No. 2934 Primary Registration District No. 6004 Registrar's No. 90

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Ilasco Santa Fe Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town (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 Robert Novel

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 July (Month) 24 (Day) 1943 (Year)

8. AGE: Years 1 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Harry L. Novel
13. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorene Hedges
15. Birthplace Ralls County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lorene Novel
(b) Address Ilasco, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 25 (Day) 1944 (Year)
(c) Place: burial or cremation Grand View
18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway
19. (a) 10-27-44 (Date received local registrar) (b) R S Berking (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 21 year 1944 hour 11 minute 25 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull and other injuries — Duration Instant
Due to Being struck by Bur. Zephyr
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

169.8
30

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) Accident 087
(b) Date of occurrence Oct. 21, 1944
(c) Where did injury occur? Ilasco (City or town) Ralls (County), Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad Tracks near home (Specify type of place)
While at work? no (e) Means of injury Walking on Track
23. Signature W. W. Crockett Coroner (M. D. or other)
Address New London, Mo. Date signed 10-21-44

1171

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1944

NOV 16 1944

RECEIVED
District Health Officer No. 10
District File Number 11-44-1911
Date Filed NOV 13 1944

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 Jack W. Lechner

Licensed Embalmer No. 4110

P. O. Address Hannibal, Missouri

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.