

FILED FEB 19 1945

3023 4218

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor

(c) Name of hospital or institution: Community Rest Home
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. Rt. #3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Betty Mae Charlton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8th
year 1945 hour 2 minute 38 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased April 21, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6 1945
_____ 19____ to Jan 8 1945
that I last saw her alive on Jan 8 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 8 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death Lobar pneumonia Duration _____

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

Due to _____

Due to _____

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

10. Usual occupation at home

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

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

MOTHER FATHER { 12. Name Martin Charlton

13. Birthplace Hickroy County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Irene Chase

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

16. (a) Informant Martin Charlton

(b) Address Rt. 3, Windsor, Mo.

17. (a) burial (b) Date thereof 1-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macks Creek, Mo.

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? _____

18. (a) Signature of funeral director George Turner

(b) Address _____

19. (a) January 11, 1945 (b) Windsor, Mo. (c) Georgia Kitchin
(Data received from registrar) (Registrar's signature) (S. R.)

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Windsor (M. D. or other) Mo
Address Windsor, Mo. Date signed 1-9-45

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

220

1067

1-45-77
2-8-45

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

Edwill Hunter

Licensed Embalmer No. 3391

P. O. Address. Winder, 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.