

FILED JUN 9 1945

Registration District No. 80

Primary Registration District No. 4142

Registrar's No. 3

1. PLACE OF DEATH: ^{Sup.}

(a) County Cole
Russellville Mo. Morgan

(b) City or town Russellville
(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)

(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 Cole 26

(c) City or town Russellville 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Lee Felber

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 A
year 1945 hour Seven minute _____ M.

21. I hereby certify that I attended the deceased from May 27 1945 to May 24 1945
that I last saw him alive on May 24 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (c) Age of husband or wife if _____

7. Birth date of deceased February 26 1944
(Month) (Day) (Year)

Immediate cause of death Acute Stomach Infection 1 week
Duration

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

1 2 28 hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Felber

{ 13. Birthplace Olean Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Myrtle Campbell

{ 15. Birthplace Russellville, Missouri
(City, town, or county) (State or foreign country)

Major findings: 120

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Felber

(b) Address Russellville, Mo

17. (a) Burial (b) Date thereof 5-25-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cemetery

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 3

18. (a) Signature of funeral director Hugo F. Schubert

(b) Address Russellville, Mo

19. (a) May-25-45 (b) Max. E. W. Plummer
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Eberhart D.O.
(M. D. or other)

Address Russellville Mo Date signed 5/25/45

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-2-45

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. 2820
working under my personal supervision.

Signed August H. Schubert
Licensed Embalmer No. 2820
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.