

FILED SEP 77 1945

Primary Registration District No. 5787

1. PLACE OF DEATH:
 (a) County Mississippi
 (b) City or town Charleston (rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
16 Miles S.E. Bender Chute
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community All Of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miss. 67
 (c) City or town Charleston (rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. 16 Miles S.E. (Bender Isle) u
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Charles Warren Bender
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucy Bender
 6. (c) Age of husband or wife if alive 30 years
 7. Birth date of deceased June 4th 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>11</u>	<u>22</u>	hr. _____ min.

9. Birthplace Crosno Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

12. Name Charles Bender
 13. Birthplace Pope Co. Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Goldie Warren
 15. Birthplace Charleston, Mo. n
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bender Sr.

(b) Address Crosno, Mo.

17. (a) Burial (b) Date thereof 5-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Charleston

18. (a) Signature of funeral director John F. Nunnelle

(b) Address Charleston Mo

19. (a) 9/1/45 (b) John F. Nunnelle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 26th
 year 1945 hour 6 minute 30P M.
 21. I hereby certify that I attended the deceased from _____
Attended as Coroner 19____
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning
 Due to Falling out of boat in Bender's chute
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) accident 67
 (b) Date of occurrence May 26-1945
 (d) Where did injury occur? Rural - Bender Chute
(City or town) (County) (State)
 (e) Did injury occur in or about home, on farm, in industrial place, in public place?
 MO. Rural - Bender Chute - Mo.
(Specify type of place)
 While at work? fell out of boat
 (e) Means of injury _____

23. Signature John F. Nunnelle M.D. or other _____
 Address Charleston Mo Date signed 9/28/45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1257

SEP 14 1948

RECEIVED

District Health Office No. 2

District File Number 945-297

Date Filed 9-5-48

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 John F. Hummel

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.