

FILED OCT 4 1945
Registration District No. **49**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community 4 years years, months or days)

3. (a) PRINT FULL NAME George M. Charters

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: April 6 1865
(Month) (Day) (Year)

8. AGE: 83 Years 80 Months 5 Days 9
If less than one day hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER { 12. Name David M. Charters

13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McIver

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Earl Deputy

(b) Address Kansas City, Missouri

17. (a) removal (b) Date thereof 9-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Ohio

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-18-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. Woodlea Hotel 8
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1945 hour 11:02 minute A. M.

21. I hereby certify that I attended the deceased from June 15
1942 to September 15 1945
that I last saw him alive on September 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure 1 week
Arteriosclerotic heart disease 10 yrs.
Generalized Arteriosclerosis 15 yrs.

Due to Arteriosclerotic heart disease 10 yrs.

Due to Generalized Arteriosclerosis 15 yrs.

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

Major findings:
Of operations 938

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) X

(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 0

23. Signature Thomas J. Adams (M. D. or other)
Address Prize Inc. 3247 N. 7th St. Date signed 9/15/45

Dr. P. T. Bohan

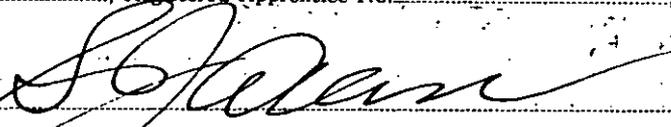
STATEMENT BY LICENSED EMBALMER

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.

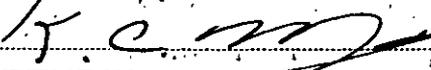
working under my personal supervision.

Signed



Licensed Embalmer No. 1415

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.