

S. No. 2
M-8-43
V. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34988**

Registration District No. **376** Primary Registration District No. **6282** Registrar's No. _____

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Waco, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Club
(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 Mo (b) County Wright
(c) City or town Waco, Mo.
(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-L. FELKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 20
year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him alive on June 5 19 45
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 6 21-18-61
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction
Due to arteriosclerosis
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 1 Days 25 If less than one day, hr. _____ min. _____
9. Birthplace Wiggins, Indiana
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
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? _____

MOTHER FATHER
10. Usual occupation laborer
11. Industry or business _____
12. Name Charles R. Felker
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth M. Williams
15. Birthplace Indiana
(City, town, or county) (State or foreign country)
16. (a) Informant Ocean R. Bair
(b) Address Waco, Mo.
17. (a) Buried (b) Date thereof 8-17-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thomas
18. (a) Signature of funeral director Ella G. Bouldin
(b) Address 714 Wood 718
19. (a) Sept 8 1945 Mrs. Chas. Crum
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Waco, Mo. Date signed 8/21

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

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

4
0
0

1064

(Licensed Embalmer's Statement on Reverse Side)

1/945

RECEIVED
District Health Officer No. 8
District File Number 1143-1096
Date Filed NOV 8 1945

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 Ella J. Bouldin

Licensed Embalmer No. 1969

P. O. Address Yonwood Ma

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.