

FILED JAN 29 1946

Registration District No. ....

Primary Registration District No. 3033

Registrar's No. ....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
1556

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Louis Welton Dept  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 or 9 days  
(Specify whether years, months or days) 3 or 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Stuttaud no  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Charles Vining

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada Vining 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased June 11 1896  
(Month) (Day) (Year)

20. DATE OF DEATH: Month Jan 22 day 22nd year 1946 hour 9 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 21st 1946 to Jan 22 1946; that I last saw him alive on Jan 22 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Double labor pneumonia Duration

8. AGE: Years Months Days If less than one day  
60 7 11 hr. min.

Due to Influenza  
Due to .....

9. Birthplace Marshall MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
C.P. Ruston M.D.

10. Usual occupation Farmer

Major findings: Of operations .....

11. Industry or business .....

Of autopsy 33%

12. Name Charles Vining

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

14. Maiden name unknown

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

16. (a) Informant Miss Ada Vining

(b) Address Kansas City Mo

17. (a) Burial Removal (b) Date thereof Jan 26 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery Kansas City Mo

18. (a) Signature of funeral director J. Frank Frankberger

(b) Address Stuttaud Mo  
(c) Date received local registrar Jan 26 1946 (b) Dr. Frankberger (Registrar's signature)

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? .....

(Specify type of place) While at work? (e) Means of injury .....

23. Signature C. G. Ruston (M. D. or other) .....

Address Stuttaud Mo Date signed 1-23-46

Received .... January 28, 1946 ..

Laclede County Health Unit

File No. .... 1/46/1 .....

Date Filed .. January 28, 1946 ..

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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 Obbie Banksen Woolery

Licensed Embalmer No. 2488

P. O. Address Candenton, 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.