

FILED MAY 17 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3045

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
906 E. Cypress St.
(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 Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 906 E. Cypress St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 6 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from
Apr 1, 1946, to _____, 1946;
that I last saw him alive on Apr. 1, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetic Mell.

Duration
sev. years

Due to _____
Due to _____

Other conditions gangrened mid toe
(Include pregnancy within 3 months of death)
not food

Major findings:
Of operations no
Of autopsy no

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) _____
(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?

23. Signature E. Christalovics (M. D. or other)
Address Charleston, Mo. Date signed 4/16/46

3. (a) PRINT FULL NAME John Bernard Telker

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive decd years

7. Birth date of deceased Oct 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 23 hr. _____ min.

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

10. Usual occupation Retired contractor

11. Industry or business _____

MOTHER FATHER {
12. Name Henry Telker
13. Birthplace Charleston, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Annie Brinkman
15. Birthplace Charleston Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Telker
(b) Address Charleston, Missouri.

17. (a) Burial (b) Date thereof 4-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John F. [Signature]
(b) Address Charleston, Mo.

19. (a) 4-19-46 (b) Mrs. John B. [Signature]
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 5-46-574

Date Filed 5-6-46

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. Minnie Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, W.V.

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.