

S. No. 2
M-2.43
7. 5-17-39
X35697

DEPARTMENT OF COMMERCE -
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Do. Precinct 15897

FILED JUN 10 1946
43

State File No. _____
Registrar's No. 171

Registration District No. _____ Primary Registration District No. 5135

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural Monroe
(c) Name of hospital or institution: ASH Hill Trp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
In this community 11 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12.
(c) City or town Rural Monroe
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? MO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME REUBEN CHARLES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7
year 1946 hour 10 minute 05 P.M.

4. Sex MALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTY CHARLES
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased SEPT 20 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 27 1946 to Apr. 27 1946
that I last saw h.i.m. alive on Apr. 27 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive cardiovascular disease
Due to arterio-sclerosis

8. AGE: Years Months Days If less than one day
72 7 17 hr. _____ min.

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace DREW CO. ARKANSAS
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation FARMER
11. Industry or business FARM

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name NEWMAN CHARLES
13. Birthplace UNKNOWN N.C.
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA UNKNOWN
15. Birthplace UNKNOWN N.C.
(City, town, or county) (State or foreign country)

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

16. (a) Informant MONROE CHARLES
(b) Address POPLAR BLUFF MO
17. (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Monroe Cemetery

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? _____

18. (a) Signature of funeral director Frank Cottrill Chapel
(b) Address Poplar Bluff Mo
19. (a) 5/23/46 (b) Ch. Mueller
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature F. F. Priest D.O. (M.D. or other)
Address Poplar Bluff, Mo. Date signed 5-7-46

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

2
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RECEIVED

District Health Office No. 2

District File Number 646-716

Date Filed 6-6-46

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.....

Licensed Embalmer No.....

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.