S. No. 2
OM—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23413

Registration District No. 97 Primary Registration District No. 3023 Registrar's No. 144

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 207 E. JEFFERSON ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 9 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State COLORADO (b) County [illegible] 999 5
(c) City or town DENVER
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN WILLARD CHARLES
3. (b) If veteran, name war NONE
3. (c) Social Security No. 521-07-6580

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MILDRED PIDGEON CHARLES
6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased DEC (Month) 22 (Day) 1889 (Year)

8. AGE: Years 56 Months 6 Days 24 If less than one day hr. min.

9. Birthplace BROWNINGTON (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business

MOTHER FATHER
12. Name WILLARD P. CHARLES
13. Birthplace (City, town, or county) INDIANA (State or foreign country)
14. Maiden name LUCY ANN GAINES
15. Birthplace DANVILLE (City, town, or county) ILL (State or foreign country)

16. (a) Informant Mrs. Carl Smith
(b) Address Clinton, Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Denver, Colo
18. (a) Signature of funeral director W. L. Sansom
(b) Address Clinton, Mo
19. (a) 7-17-46 (Date received by local registrar) (b) R. R. Kennedy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1946 hour 6:05 minute P. M.
21. I hereby certify that I attended the deceased from 4-24, 1946 to 7-16, 1946 that I last saw him alive on 7-16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Cardio-Vascular - Renal Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
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)
(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 E. L. Preston M.D. (M. D. or other)
Address Clinton, Mo. Date signed 7/17/46

(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1946

AUG 1 1946

RECEIVED

Number 6-46-228

Date Filed 7-24-46

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 N. A. Vanvoast

Licensed Embalmer No. 3779

P. O. Address Clinton

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, factsshould be so stated above.