

FILED JUL 18 1946
Registration District No. **137**

Primary Registration District No. **4212**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Blountstown**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles F Chitwood

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 **2** **widowed**
6. (b) Name of husband or wife **Lora** 6. (c) Age of husband or wife if alive **8** years
7. Birth date of deceased (Month) **3** (Day) **8** (Year) **1866**

8. AGE: Years **80** Months **4** Days **2** If less than one day hr. min.

9. Birthplace **Henry Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Clark Chitwood**
13. Birthplace **unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Hicks**
15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry F Faust**
(b) Address **712 E Mo**

17. (a) **Burial** (b) Date thereof **7-12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Freeman Cem**

18. (a) Signature of funeral director **Ford Williams**
(b) Address **Clinton Mo**

19. (a) **7-12-46** (b) **R.R. Kenny**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry** **42**
(c) City or town **Blountstown** **1**
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10** year **1946** hour **6** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **7-8** 1946 to **7-10** 1946
that I last saw him alive on **7-10** 1946
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolus immediately**
Due to **diabetic gangrene** **30 days**
Due to **diabetes** **several years.**

Other conditions (Include pregnancy within 3 months of death)

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?

(Specify type of place) While at work? (e) Means of injury **200**

23. Signature **R.R. Kenny** (M.D. or other) **✓**
Address **Clinton Mo** Date signed **7/12**

RECEIVED

Dis. Officer No. 7

Index No. 46-252

Date Filed 7-19-46

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.....

Fred Wickerson

Licensed Embalmer No. 2478

P. O. Address.....

Clinton M

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.