

V. S. No. 2
00M-3-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26464

FILED SEP 6 1946
Registration District No. 47

Primary Registration District No. 3008

State File No.

Registrar's No. 283

14
1
2

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (c) Name of hospital or institution State Hospital 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-20-42
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles O. Painter
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex ma 5. Color W race
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4-9-1918
 (Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation DK

11. Industry or business

12. Name Charles O. Painter

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

14. Maiden name

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

16. (a) Informant DK

(b) Address Fulton, Mo

17. (a) Removal (b) Date thereof 8/17/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hainton, Mo

18. (a) Signature of funeral director Glen G. Mays
 (b) Address 722 Court Fulton, Mo

19. (a) 8-17-46 (b) Jose Morant
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Ralls 14
 (c) City or town New Madrid
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 17
 year 1946 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from June 4 1946 to 8-17- 1946
 that I last saw alive on 8-12- 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocardial

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gtd

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? _____

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

Signature J. C. Caldwell

Address Fulton mo

RECEIVED
District Health Officer No. 9,
District File Number 9-41-49
Date Filed 9-4-46

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 Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, Ma

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.