

S. No. 2
M-5-43
v. 5-17-39
p. I X36671

29664

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 5131

Registrar's No. 1070

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural Tremont Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Near Garretsburg, R. 4th Sta Joseph
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
64 Years
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town Rural Easton
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 1
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES LOUIS MODRELL

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie
 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 9 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days - If less than one day
64 2 11 hr. min.

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

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name John Modrell

13. Birthplace Not Known 9
 (City, town, or county) (State or foreign country)

14. Maiden name Not Known
 15. Birthplace Not Known 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fannie Modrell

(b) Address R-1 Easton, Mo.

17. (a) Burial (b) Date thereof 9-23-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Sept. 26, 1946 (b) A. W. Hutchins
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
 year 1946 viewed 10 minute 15 A. M.
 21. I hereby certify that I attended the deceased from
Sept. 20, 1946, to _____, 19____;

that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Crushed Chest
Multiple contusions of the arms and legs and head.

Due to This man together with two others fell in a silo when the scaffold gave away that they were working on.

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

Major findings:
 Of operations _____

Of autopsy _____

Duration

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) Accident //

(b) Date of occurrence Sept. 20, 1946

(c) Where did injury occur? Garretsburg Buchanan Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? Yes (Specify type of place) Scaffold fell
 (e) Means of injury Coroner 3

23. Signature B. W. Tadlock (M. D. or other) 3

Address King Hill Bldg. Date signed 9-20-46
St. Joseph, Mo.

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

28500

JUN 17 1954

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 Robert H. Yapple
Licensed Embalmer No. 3308
P. O. Address St. Joseph, Mo.

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.