

S. No. 2  
M-43  
v. 5-77-39  
X-7823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32423

State File No.

Registrar's No.

FILED OCT 3 7 1946

Primary Registration District No. 4-69

1. PLACE OF DEATH:

(a) County Stoddard County  
(b) City or town  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Transient  
In this community Transient  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County Ingham 999  
(c) City or town Mason 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 525 Jefferson 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 2  
If yes, name country

3. (a) PRINT FULL NAME

Charles R. Gladstone

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 Married

6. (b) Name of husband or wife Vivian Gladstone

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 37 Months Days If less than one day hr. min.

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

10. Usual occupation Automobile dealer

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Perry R. Luncen

(b) Address 4110 S. Logan Lansing, Mich

17. (a) Removal (b) Date thereof 8/21/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mason, Michigan

18. (a) Signature of funeral director Poplar Bluff, Mo.

(b) Address

19. (a) 8-20-46 (b) Floyd Morgan (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20 year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, 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 Verdict of jury collision with truck carelessly driven by carl  
Duomo Culbertson

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

Major findings: Of operations none 1700  
Of autopsy none 22

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 103

(b) Date of occurrence 8-20-46

(c) Where did injury occur? Highway Stoddard Mo. (City or town) (County) (State)

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

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

23. Signature [Signature] (Date signed) 8-20-46

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

103

0

31-2-53

358

(Licensed Embalmer's Statement on Reverse Side)

Call with other M.I.V.

RECEIVED  
District Health Office No. 2,  
District File Number 946-1076  
Date Filed 9-5-46

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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 Wallace N. Fitch  
Licensed Embalmer No. 3559  
P. O. Address Poplar Bluff 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.**