

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 381

Primary Registration District No. 6040

Registrar's No. 2150

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Rural Poynor
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home Rural Route
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
 (c) City or town Poynor Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural Route
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Bartley Mohlman

3. (b) If veteran, name war World War 1 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 Gertie Mohlman 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 24, 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William H. Mohlman

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

14. Maiden name Julian Taylor

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

16. (a) Informant Mrs. Gertie Mohlman

(b) Address Poynor, Missouri

17. (a) Removal (b) Date thereof 9/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H. I. Smith, Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 9-11-46 (b) E. O. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 6th,
 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Aug 25 1946 to Sept 6 1946
 that I last saw him alive on Sept 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death embolus in the brain following rupture of pulmonary artery with discharge of part or more pus.
no definite diagnosis of tuberculosis
 Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
 Of operations none
 Of autopsy none 1140
 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) (a) Means of injury

23. Signature H. E. White (M. D. or other) med
 Address Wayton, Mo. Date signed 9/9/46

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

OCT 30 1946

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.....

Jack H. Biggers, Registered Apprentice No. 407,
working under my personal supervision.

Signed James A. Osburn
Licensed Embalmer No. 4185
P. O. Address Caruthersville, 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.