

No. 2
5-43
17-39
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State File No.

FILED MAR 5 1947

Registration District No.

Primary Registration District No. 3028

Registrar's No. 37

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 E. Chestnut St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 210 E. Chestnut St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles B. Remsburg

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, Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)
8. AGE: Years 71 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Reporter

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace

16. (a) Informant Mr. David Williams
(b) Address Rt #1 Holts Summit, Mo.

17. (a) Burial (b) Date thereof 2 24 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address Carthage, Mo.
19. (a) 2-22-47 (b) L. B. Clinton, Jr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st.
year 1947 hour 4:00 minute A.M.

21. I hereby certify that I attended the deceased from 1/20 to 2/21 1947
that I last saw him alive on Feb 20 1947
and that death occurred on the date and hour stated above

Immediate cause of death Chronic Valvular Heart Disease
Chronic Bright's Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/13
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)

23. Signature T. J. ... (M. D. or other)

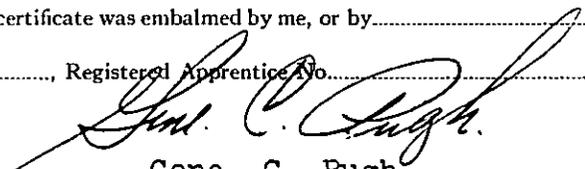
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47-2-119

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..... Gene. C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 37

Registration District No. 157 Primary Registration District No. 3028

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

1. PLACE OF DEATH:
(a) County Jasper Carthage
(b) City or town Jasper Carthage
(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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Charles B Remsburg
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

8. AGE: Years 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation retired - reporter

MOTHER FATHER { 11. Industry or business _____
12. Name: _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ (State or foreign country)
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATE FROM
20. DATE OF DEATH: Month April Day 12
year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 _____
23. Signature _____ (M. D. or other)
Address _____ Date signed _____

S-5189