

Registration District No. **383**

Primary Registration District No. **5655**

1. PLACE OF DEATH:
(a) County **LAWRENCE**
(b) City or town **RURAL: MT-VERNON-TOWNSHIP**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **789 Moffitt**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES BURDETTA SERAGE**

3. (b) If veteran, name war **World War 2** 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 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 **March 23 1924**
(Month) (Day) (Year)

8. AGE: Years **23** Months **1** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business _____

12. Name **Harold Serage**

13. Birthplace **Joplin Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Beer**

15. Birthplace **Crongo Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Serage**
(b) Address **Joplin Mo**

17. (a) **Burial** (b) Date thereof **May 13 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Joplin Mo**
Steve Parker

18. (a) Signature of funeral director _____
(b) Address **Joplin Mo**
19. (a) **5/13/47** (b) **Ed Philbrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MAY** day **10**
year **1947** hour **2** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **after death** 19____ to 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Skull** **Shock**

Due to **Broken Right leg**

Due to **"car accident" passenger in car**

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

Major findings: Of operations _____
Of autopsy **none**

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 55**
(b) Date of occurrence **May 10 1947**

(c) Where did injury occur? **Joplin Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 166 S. of Mt Vernon
While at work? **No** (Specify type of place) (e) Month of injury **Car wreck**

23. Signature **Herman Hurrige** (M.D. or other) **Coroner**
Address **Marionville Mo** Date signed **5/14/47**

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

MOTHER FATHER

1961 8 700

RECEIVED

District Health Officer No. 69

District File Number 647-590

Date Filed JUN 4 1947

SEP 8 1947

1961 8 700

JUL 23 1947

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 *Steve Parker*

Licensed Embalmer No. *2548*

P. O. Address *1011 1st*

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.