

FILED SEP 22 1947

Registration District No. 67

Primary Registration District No. 4110

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Salisbury
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days) 21 yrs

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Taylor Fine

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 S

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

7. Birth date of deceased Sept 21 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Taxical driver

12. Name Ira Emmet Fine

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

14. Maiden name Margery Womack

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

16. (a) Informant Mrs. Ira Fine

(b) Address Salisbury

17. (a) Burial (b) Date thereof Sept. 4, 1947
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Mo

18. (a) Signature of funeral director Geo Blunkmeyer

(b) Address Salisbury Mo

19. (a) 9/6/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Salisbury
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 2nd
year 1947 hour 6 minute 30 P M.

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

Immediate cause of death MYOCARDIITIS Duration 2 yrs

Due to MYOCARDIAL DEGENERATION WITH HYPERTENSION

Due to _____

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

Major findings: Of operations _____

Of autopsy 9/13/47

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) (e) Means of injury 2

23. Signature E. F. Richhorn D.O. (If Doctor other) _____

Address Salisbury Mo. Date signed SEPT 4 1947

RECEIVED

District Health Officer No. 8,
District File Number

Date Filled: 9-19-47

AUG 15 1957

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: *Geo B Winkemeyer*

Licensed Embalmer No. 2125

P. O. Address: *Calisbury Me*

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.