S. No. 2
M—1/47
7. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 3 1947

Registration District No. 34

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40655

Primary Registration District No. 815-2a

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Stoddard Liberty

(b) City or town Dudley, Mo. R. 2.
(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 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouir (b) County Stoddard 103

(c) City or town Dudley R. two 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Charles Douglas Ezzell

3. (b) If veteran, name war.....

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 Rachel Ann Ezzell

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March (Month) 27. (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	7	23	hr. min.

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

10. Usual occupation Farming

11. Industry or business Farmer

FATHER
12. Name Gilleian Ezzell
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Mary Robinson
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Clerance Ezzell
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11.22.47 (Month) (Day) (Year)

(c) Place: burial or cremation Arm. Dowdy Cemete

18. (a) Signature of funeral director Watkins Funeral Service
(b) Address Dexter, Mo.

19. (a) 11-26-47 (Date received local registrar) (b) Marguerite Truitt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1947 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from 11-10-47, 19....., to 11-24, 19 47, that I last saw h.. alive on 11-24, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic	
Hypertension	
Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (e) Means of injury: 0

23. Signature Ed Pyndus M.D. (M. D. or other)

Address Dexter Mo. Date signed 11/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 1247-1524
Date Filed 12-1-47

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 Leonard Steele

Licensed Embalmer No. 2476

P. O. Address Exeter 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.