

Registration District No. **185**

Primary Registration District No. **4300**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Linn.**
(b) City or town **Laclede**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Field Convalescent Home.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 months.**
(Specify whether
In this community **Linn** years, months or days)

3. (a) PRINT FULL NAME

Charles Byron Western.

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No.**

4. Sex **M** 5. Color, or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **February 1 1954**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	94	2	29	hr. min.

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

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **Unknown** **4**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Carlos B. Western**

(b) Address **Brookfield, Mo.**

17. (a) **Burial** (b) Date thereof **May 3, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linneus**

18. (a) Signature of funeral director **Bowden Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **May 6, 1948** (b) **Chris A. Martens**
(Date received local registrar) (Registrar's signature) **164**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn** **58**
(c) City or town **Laclede**
(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 CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1948** hour **10** minute _____ P.M.

21. I hereby certify that I attended the deceased from **21 March 3 1948** to **April 30 1948**
that I last saw him alive on **April 30 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Congestive Heart Disease. 1 yr
Chronic Myocarditis. 4 yr

Due to _____

Due to _____

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____ **978**

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 _____

23. Signature **Propp Hale** (M. D. or other) **208**

Address **Brookfield Mo** Date signed **5-1-48**

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 Jamer B. Mc Clelland
Licensed Embalmer No. 4230
P. O. Address Brookfield, 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.