

Registration District No. 2

Primary Registration District No. 4517

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Taney

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

(c) Name of hospital or institution Hopedale  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution most of life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney

(c) City or town Branson  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES HENRY EGNER

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 48 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from January 15<sup>th</sup>, 1948, to May 12<sup>th</sup>, 1948, and that I last saw him alive on April 30<sup>th</sup>, 1948, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Floa May Egner

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased May - 26<sup>th</sup> - 1866  
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 81 Months 11 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation shoe cobbler

11. Industry or business Repaired shoes

12. Name John Egner

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

14. Maiden name Dodd Knout

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

16. (a) Informant Mr. Floa Egner

(b) Address Branson Mo

17. (a) Burial (b) Date there May 7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson Mo

18. (a) Signature of general director Brandon M.D.

(b) Address Branson Mo

19. (a) 5-21-48 (b) SE Capwell  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 9/26

Of autopsy \_\_\_\_\_

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 Harry T. Evans (M. D. or other) M.D.

Address Branson Mo Date signed 5/15/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

16  
1  
0

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RECEIVED

District Health Officer No. 6,

District File Number 548-653

Date Filed MAY 27 1948

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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

*Minnie S. Whelchel*

Licensed Embalmer No.

2227

P. O. Address

*Branson 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.