

FILED OCT 13 1948

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31809

Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 358
 (b) Township Walker Rural Primary Registration District No. 6216
 (c) City Walker (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 10 yrs. mos. ds.

Registered No. 222. PRINT FULL NAME Charles Hedrick Letton

(a) Residence, No. Vernon Co. Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Frankie Lyle Letton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 20 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer - Stockman
 10. Date deceased last worked at this occupation (month and year) 10 - 5 - 48
 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo13. NAME Edwin T. Letton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Elizabeth Henderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo17. INFORMANT (ADDRESS) Miss Rhinehart Nevada Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill - Butler Mo DATE Oct. 2 194819. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver Underwood Butler Mo20. FILED Oct 6 1948 Mrs Sarah E Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1948

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. - alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Heart Attack - Sudden
Possibly Coronary Occlusion

Date of onset X

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) R. B. Davis, M. D.
 (Address) Walker Mo

10/5/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM-3-51 X-16605

RECEIVED

District Health Officer No. 7,

District File Number.....

Date Filed

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

John H. Underwood

Licensed Embalmer No. *3585*

P. O. Address. *Butler 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, above space should be left blank.