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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 13 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35648

State File No.

Primary Registration District No. 1000

Registrar's No. 1326

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 St. Joseph (State) No 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo. 23 days (Specify whether
In this community 6 mo 23 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton 25
(c) City or town Plattsburg 2 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles Entriken
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Donna Entriken
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 9 (Day) 1875 (Year)

8. AGE: 1

Years	Months	Days	If less than one day
73	3	1	hr. min.

9. Birthplace New Mirabile (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Caleb Barton Entriken
13. Birthplace ---- (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Anna M King
15. Birthplace ---- (City, town, or county) Penn 1 (State or foreign country)
16. (a) Informant Susie Whitehead
(b) Address Cameron Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo.
18. (a) Signature of funeral director De Mass Crunk
(b) Address Cameron, Mo.
19. (a) 12-11-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1948 hour 2 minute 55P M.
21. I hereby certify that I attended the deceased from Dec 1, 1948, to Dec 10, 1948
that I last saw her alive on Dec 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	
Due to arteriosclerosis & old cerebral hemorrhage	
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 Forrest Thomas (M. D. XXXX)
Address St. Joseph Mo Date signed 12/10-48
c/o State Hospital No 2

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Warren

Licensed Embalmer No. 45-88

P. O. Address Lathrop 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.