

FILED MAR 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

6755

Registration District No.

347

Primary Registration District No.

5491

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural, Henry Creek
 (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:
 In this community 21 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles Kantner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White
 6. (b) Name of husband or wife
 6. (c) Single, widowed, married, divorced single
 6. (e) Age of husband or wife if alive... years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

12. Name John Reuter Co

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

14. Maiden name Marguerite Boardman

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

16. (a) Informant's own signature Andrew Norder(b) Address Clinton Mo17. (a) Burial (b) Date thereof 2 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Congreg Church18. (a) Signature of funeral director Fred Williams(b) Address Clinton Mo 31219. (a) 2-19-40 (b) Doyle R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5 mi NW of Clinton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 16
year 1940 hour 10 minute 47 A M.21. I hereby certify that I attended the deceased from Jan 16, 1940
1940, to 2-16-1940
that I last saw him alive on 2-8-1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cholera
Due to Cholera

Due to

Other conditions Hepatitis
(Include pregnancy within 6 months of death)Major findings: Cholera
Of operations Hepatitis

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Joseph B. Drill (M. D. or other)Address Clinton Mo Date signed 2-17-40

RECEIVED
District Health Officer No. 73-387
District Health Number 3-40-40
District File Number 3-5-40
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 Fred Wilkinson
Licensed Embalmer No. 2478
P. O. Address Clendon M.

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.