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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3484

Registration District No. 577

Primary Registration District No. 577^{1/2}

Registrar's No. 1

800

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

1. PLACE OF DEATH: Moniteau
 (a) County: Moniteau
 (b) City or town: PO Box III Stone
 (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: _____ (Specify whether
 In this community: 68 year years, months or days)

3. (a) PRINT FULL NAME: Charles Medlin
 3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Male 5. Color or race: W 6. (a) Single, widowed, married, divorced: Single
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive, years: _____
 7. Birth date of deceased: Aug 18 1872
 (Month) (Day) (Year)

8. AGE: Years: 68 Months: 5 Days: 7 If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: H. M. Hall Medlin
 13. Birthplace: Moniteau MO
 (City, town, or county) (State or foreign country)
 14. Maiden name: Elizabeth Howard
 15. Birthplace: Cooper MO
 (City, town, or county) (State or foreign country)

16. (a) Informant: Jaymie Medlin

(b) Address: Clarksburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/27/1940
 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Brook

18. (a) Signature of funeral director: William F. Friedman

(b) Address: California, Mo

19. (a) 1-28-41 (Data received local registrar) (b) Nadine Latham (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Moniteau
 (c) City or town: Latham (If outside city or town limits, write "RURAL")
 (d) Street No.: No St. address (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 25
 year: 1941 hour: 11 minute: 30 P. M.
 21. I hereby certify that I attended the deceased from Jan. 22
 1941, to Jan. 25 1941
 that I last saw him alive on Jan. 22 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
 Due to: Influenza
 Due to: 94

Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: _____ Of operations: _____
 Of autopsy: _____

Duration: _____
 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?
FOA (Specify type of place) _____
 While at work? _____ (e) Means of injury: _____
 23. Signature: H. A. Bonion (M.D. or other) 2-0
 Address: California, MO Date signed: 1/26/41

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.....

Licensed Embalmer No.....

P. O. Address.....

H. E. Friedman
2854
California

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.