

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25006
Registrar's No. 247

Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 27 hours (Specify whether years, months or days)

In this community 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Malta Bend 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Alfred Oswald

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 3 1887
(Month) (Day) (Year)

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

59 11 10 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER

12. Name Orbell Oswald 0

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Julia M. Johnson

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

16. (a) Informant Lep Oswald

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 7-15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery

18. (a) Signature of funeral director Geo Dillard

(b) Address Sedalia, Mo

19. (a) 7/15/47 (b) Betty Yeager
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from 2:00 AM July 13th 1947, to July 13 1947; that last seen alive on July 13 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, secondary of Renal insufficiency 1 day

Due to Hypertensive cardiovascular renal disease 3 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

ADDITIONAL SUPPLEMENTARY INFORMATION

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 W.R. Hodges (M. D. or other M.D.)

Address 312 1/2 S. Ohio, Sedalia, Mo. Date signed 7-14-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-8-47

SEP 29 1947

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 Geo Dickard
Licensed Embalmer No. 3868
P. O. Address Sedalia

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.

FILED AUG 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 25006

State of Mo.
County of Dee ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 274

On this 28th day of August, 1947, before me appears E. L. Rhodes, M.D.
312 1/2 South Ohio St., Sedalia, Mo., who, upon his oath, states that the original record of ~~birth~~ death
for Charles Alfred Oswald died July 13th, 1947, in the State of
Missouri, and which was filed at Sedalia, Missouri on July 15, 1947, should be corrected as follows:

Item No. 21 line (1) should read as it is: No correction

Instead of _____

Item No. 21 line (2) should read as it is: No correction.

Instead of _____

Item No. 21 line (3) should read as it is: No correction Duration 4 yr.

Instead of _____

Item No. 21, line 4 and 5 should read as it is: No correction.

Instead of _____

Item No. 21 line 6 should read Hypertensive Cardiovascular-renal disease
Duration: NOT KNOWN.

Item No. Hypertensive Cardiovascular-renal disease should read Duration 3 years.

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant E. L. Rhodes, M.D. Attending
Physician
Relationship.

312 1/2 S. Ohio St., Sedalia, Mo.
Present Address.

Subscribed and sworn to before me this 28th day of August, 1947.

My Commission expires 3rd March 1950 Anna Berger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

525006

1904 1/1 5/1