

APR 10 1941

Registration District No. 213

Primary Registration District No. 3014

State File No. _____

Registrar's No. 96

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 year
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cole
(c) City or town Centertown
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME CHARLES J MICHEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 26
year 1941 hour 10 minute A M.

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

21. I hereby certify that I attended the deceased from Mar 18, 1941, to Mar 26, 1941; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mayme 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 9 1863
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>17</u>	hr. min.

Due to Influenza

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

Due to Pleurisy

10. Usual occupation Salesman

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Carl MICHEL

Of autopsy _____

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

14. Maiden name Charlotte

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

16. (a) Informant Mrs. J. Hillgardt

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Church

18. (a) Signature of funeral director William F. Freeman

(b) Address California Mo

19. (a) 3/28/41 (b) D. W. Besford
(Date received local registrar) (Registrar's signature)

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 work) (Specify type of injury)
Signature D. W. Besford (M. P. Seal)
Address Jefferson City Mo.

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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:.....

Hugh E. Williams

Licensed Embalmer No.....

3537

P. O. Address.....

California 71

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.