

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37526

FILED NOV 16 1944

State File No. 37526

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 255

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
209 Monroe Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Charles J. Affolter

3. (b) If veteran, name war

3. (c) Social Security No.

None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Mellie Affolter 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased Feb (Month) 28 (Day) 1870 (Year)

8. AGE: Years 74 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation Interior Decorator

11. Industry or business

12. Name Charles Affolter  
13. Birthplace California, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Mellie Daniels  
15. Birthplace Decatur, Ills. (City, town, or county) (State or foreign country)

16. (a) Informant J. Elmer Roberts  
(b) Address Fort Leonard Wood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-10-1944 (Month) (Day) (Year)  
(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Thos. J. Gough  
(b) Address Jefferson City, Missouri

19. (a) 11-8-44 (Date received local registrar) (b) Thos. J. Gough (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. 209 Monroe Street (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 44 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from 10/23/44 1944 to 11/7/44 1944  
that I last saw him alive on 11/7/44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 17 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

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

23. Signature David F. Gough (M. D. or other) MD  
Address Jefferson City, Mo Date signed 11/8/44

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 20 1944

NOV 16 1944

RECEIVED

District Health Officer No. 9

District File Number

Date Filed

11-15-44

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

working under my personal supervision.

Signed

Ferd P. Dulle

Licensed Embalmer No.

3890

P. O. Address

Jefferson City 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.