

FILED MAR 13 1942

Registration District No.

Primary Registration District No. 3021

Registrar's No. 14

49
66
23
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution:
101 1/2 W. DAUGHERTY ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 63 yrs.

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

(c) City or town WEBB CITY.
(If outside city or town limits, write "RURAL")

(d) Street No. 101 1/2 W. DAUGHERTY
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CHARLES L. WRIGHT.

3. (b) If veteran, name war..... X

3. (c) Social Security No. X

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED.

6. (b) Name of husband or wife..... WIDOWED.

6. (c) Age of husband or wife if alive..... X years

7. Birth date of deceased JAN 22 1851.
(Month) (Day) (Year)

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

91 0 12 hr. min.

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

10. Usual occupation RETIRED.

11. Industry or business DRUGGIST.

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Bert Wright

(b) Address Chicago Ill.

17. (a) BURIAL. (b) Date thereof FEB. 5. 1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT HOPE CEMETARY.

18. (a) Signature of funeral director WEBB CITY UND. CO.

(b) Address WEBB CITY, MO.

19. (a) Feb. 5, 1942 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1942 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from JAN 28 1942 to Feb 3 1942
that I last saw him alive on Feb 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cardio-Renal-Vascular
Disease.

Due to Senility.

Due to.....

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

Major findings:
Of operations..... 131a

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 J. P. Pritchett (M. D. or other)
Address Webb City Mo Date signed 2-4-42

42.2.213

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 myself
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Webb 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.