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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38576**
Registrar's No. **133**

Registration District No. **275** Primary Registration District No. **3053**

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

1. PLACE OF DEATH:
(a) County **Phelps**
(b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Nellie McFarland Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **Charles B. Wharton**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **210-09-3871**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Martha Horton Wharton** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June - 9 - 1871**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **25** If less than one day
hr. _____ min.

9. Birthplace **Waubesa Co Kans. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **R.R. Foreman (Retired)**

11. Industry or business **Railroading**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **W. I. Wharton**

(b) Address **Los Angeles, Calif.**

17. (a) **Removal** (b) Date thereof **11-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BURIAL**

18. (a) Signature of funeral director **Alfred J. Smith**

(b) Address **Rolla, Mo.**

19. (a) **11-7-44** (b) **J. C. H. H. H.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Calif.** (b) County **991**
(c) City or town **Summit** (If outside city or town limits, write "RURAL") **4**
(d) Street No. **Name** (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4th**
year **1944** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Nov. 3**, 1944, to **Nov. 4**, 1944,
that I last saw him alive on **Nov. 4**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration _____

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) _____
(Type of means of injury) _____

23. Signature **W. I. Wharton** (M.D. or other) _____

Address **Rolla, Mo.** Date signed **11/7/44**

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30-44

1092

DEC 4 1944

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.....

J. H. Holloway

Licensed Embalmer No.....

3643

P. O. Address.....

Cuba, 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.