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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED OCT 15 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 44

Primary Registration District No. 5146

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Cowdell Davis Twn Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 63yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell/3
 (c) City or town Braymer,
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Charles Harlan Wright

3. (b) If veteran, name war. -- 3. (c) Social Security No. 488-14-3494

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie Wright 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 30 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1945 hour 8 minute 00p.m.

21. I hereby certify that I attended the deceased from Sept. 7, 1945 to Sept. 7, 1945; that I last saw him alive on Sept. 7, 1945; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>7</u>	hr. min.

Immediate cause of death Coronary Thrombosis Duration 1 hr.

Due to arteriosclerosis unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

PHYSICIAN

Major findings: Of operations 940

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name William R. Wright 9

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

14. Maiden name Nancy Bennett

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

16. (a) Informant Mrs Effie Wright
 (b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 9-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Donald Mead
 (b) Address Braymer, Missouri

19. (a) Sept 29 (b) Joan Miller
(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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work 2 (Specify type of place) (c) Means of injury 2

23. Signature John R. Frank (M. D. or other) 20
 Address Braymer, Mo Date signed 9-11

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

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.

RECEIVED
District Health Officer No. 11,
File Number.....
Date.....

....., Registered Apprentice No.....

Signed *Bernard J. Mead*.....

Licensed Embalmer No. 2801.....

P. O. Address Braymer, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 104

Registration District No. 44

Primary Registration District No. (5146)

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Courtsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles H. Wright

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 m

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

7. Birth date of deceased Nov. 30
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Joan Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1945 Hour _____ Minute _____ M.

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

Immediate cause of death _____

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?

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

30249