

FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5
(c) City or town Monett 2
(If outside city or town limits, write "RURAL")
(d) Street No. 312 So. Central 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charley Monroe Wimsatt

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: March 24 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Nelson Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Robert L. Wimsatt

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

14. Maiden name Louisa Boone

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

16. (a) Informant Marshall Wimsatt
(b) Address Monett, Missouri

17. (a) Burial (b) Date thereof April 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, Cen.

18. (a) Signature of funeral director Blankenship
(b) Address Monett, Missouri
19. (a) 4-17-46 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from 2/8/46
_____ 19____, to 4/14/46 1946

that I last saw him alive on 4/14/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cecinoma gastric 6 mo
Due to old latent ulcer ?
history of intermittent
stomach disease

Other conditions: Myocarditis Hypertension
(Include pregnancy within 3 months of death)
marked arteriosclerosis.

Major findings: 468
Of operations _____
Of autopsy _____

Duration

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 F. J. Manning (M. D. or other) _____
Address Monett, Mo. Date signed 4/16/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 546-599

Date Filed MAY 15 1946

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Missouri

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.