

**FILED** OCT 8 1946

Registration District No. **369**

Primary Registration District No. **625B**

Registrar's No. **10**

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

**1. PLACE OF DEATH:**

(a) County Wayne

(b) City or town 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 \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Wayne

(c) City or town Rural  
(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** Charley Dewey Hilbert

3. (b) If veteran, name war no

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 Asa Hilbert

6. (c) Age of ~~husband~~ or wife if alive 37 years

7. Birth date of deceased 11-27-1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>42</u>	<u>10</u>	<u>24</u>	hr. _____ min.

9. Birthplace Butler Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farming

12. Name John Hilbert

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

14. Maiden name Helitha Odom

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

16. (a) Informant Asa Hilbert

(b) Address Williamsville, Mo

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

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. D. K... ..

(b) Address Cornership ... ..

19. (a) Sept 27-46 (b) Chris P. Piles  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 21  
year 1946 hour 10 minute p M.

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

Immediate cause of death Drowning in well.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 9-21-46

(c) Where did injury occur? Wayne Co Mo  
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(e) Means of injury Car over

23. Signature John F. Wagner (M. D. or other) no

Address Williamsville Mo Date signed 9-22-46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

340

Black River  
Cemetery

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**