

Registration District No. 11

Primary Registration District No. 5287

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Fish Springs Township 51
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile northeast of Missouri City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Missouri City, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mile, N. E. Missouri City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Charles David Writesman

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Margaret Ann Tate 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 2 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 19 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Writesman

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

14. Maiden name Sarah Piburn

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

16. (a) Informant Mrs. Charles D. Writesman

(b) Address R.R. 1, Excelsior Springs, Mo

17. (a) Burial (b) Date thereof 5/22/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery, Mo. City

18. (a) Signature of funeral director [Signature]

(b) Address 119 E. Franklin, Liberty, Mo

19. (a) 5/25/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of throat

Duration _____

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) 2/5F

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) Cancer of Throat

(b) Date of occurrence May 21st 1947

(c) Where did injury occur? P.F. & Hol. Ex. Spgs, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home on farm 1 mi. N.E. Mo. City, Mo.
(Specify type of place) (e) Means of injury

While at work? _____

23. Signature P.W. Prather (M. D. or other) Coroner
Address Excelsior Springs, Mo. Date signed 5-26-47

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-13-47

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. Gardner Jr.

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.