

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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Do not use this space.

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DO 1949

1. PLACE OF DEATH

(a) County SCHUYLER Registration District No. 803

(b) Township 1 Primary Registration District No. 4484 Registered No. 75

(c) City LANCASTER (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 48 (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES HENRY WIRTH

(a) Residence, No. LANCASTER MO. St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF LUNA WIRTH (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 28, 1891

7. AGE YEARS 48 MONTHS 2 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. lumberman

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LANCASTER MO.

FATHER

13. NAME CHARLES WIRTH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME MARY FOURER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BURLINGTON IOWA.

17. INFORMANT (ADDRESS) Mrs. Luna Wirth Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE O. O. LANCASTER DATE 12/28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) MORRHEADS! LANCASTER, MO.

20. FILED Dec 28 19 39 Byrdie Drake Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1939, to December 24, 1939

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:25 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Internal Hemorrhage

Other contributory causes of importance: Gunshot wound

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 12/24, 1939

Where did injury occur? Lancaster, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury gun shot, self-inflicted

Nature of injury 2 quip cut gun charge into heart

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_ (Signed) D. V. Wynn, M. D. (Address) Downing, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File No. 1-40-67

Date Filed JAN 8 1940

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, .....

TRUE & MINNIE MOREHEAD, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed M. Morehead .....

Licensed Embalmer No. 3731-3680 .....

P. O. Address Lancaster, 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, above space should be left blank.