

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36269

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 185

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

1. PLACE OF DEATH:

(a) County St. Francois County  
(b) City or town Near Farmington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Charles Wainwright

8. (b) If veteran, name war \_\_\_\_\_ 8. (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 Mrs. Emma Wainwright 6. (c) Age of husband or wife if alive Age Un. years

7. Birth date of deceased April 2 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 23 If less than one day  
hr. min.

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

10. Usual occupation Attorney

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Wainwright  
18. Birthplace Evansville Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Evansville Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4  
(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 10-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon, Mo.

18. (a) Signature of funeral director Blaise Durr Houder While at work \_\_\_\_\_ (Specify place)  
(b) Address Bourbon Mo (c) Member of Lodge \_\_\_\_\_

19. (a) Oct 26 40 (b) B. J. Robinson  
(Date received local registrar) (Registrar's signature)  
20. Signature Geo. Tavis Graves, M.D. (M. D. or other) \_\_\_\_\_  
Address Farmington, Mo. Date signed \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford  
(c) City or town Bourbon  
(If outside city or town limits, write "RURAL")  
(d) Street, No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25  
year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-8, 1940, to 10-25, 1940;  
that I last saw him alive on 10-25, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Arteriosclerosis with psychosis  
Due to Terminal stroke Duration 1 1/2 yrs

Due to Chronic nephritis  
Other conditions Chronic hypertensive heart disease

Major findings: Of operations no 121  
Of autopsy no  
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? no (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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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 me

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

Signed

John A. [unclear]

Licensed Embalmer No. 2238

P. O. Address Farmington

**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.**