S. No. 2
—11-10-39
r. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17530

Registration District No. 171 Primary Registration District No. 4100 Registrar's No. 16

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Keytesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Jail. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton 21
(c) City or town: Brunswick
(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.? 44 years.

3. (a) PRINT FULL NAME: CHARLES DELMAR DEWEESE
3. (b) If veteran, name war: ____
3. (c) Social Security No. 496-07-0046

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Alberta DeWeese
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June (Month) 18 (Day) 1896 (Year)

8. AGE: Years 44 Months 10 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Chariton County (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: ____

FATHER
12. Name: Elbert DeWeese
13. Birthplace: Boone Co. (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name: Margaret Heaney
15. Birthplace: Adams County (City, town, or county) Ill. (State or foreign country)

16. (a) Informant: Elbert DeWeese
(b) Address: Mendon, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5--14--1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Powell Cem. Brunswick, Mo.
18. (a) Signature of funeral director: F. M. Heisel
(b) Address: Brunswick, Mo.
19. (a) May 14 1941 (Date received by local registrar) Mrs. Roy B. Land (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 year 1941 hour about 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide by hanging	
Due to:	
Due to: 1640	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: none	

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): Suicide by hanging
(b) Date of occurrence: May 12, 1941
(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: Harry E. Tatum Coroner (M.D. or other) M. D.
Address: Brunswick, Missouri Date signed 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-10-41
Date Filed

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 W Hersel

Licensed Embalmer No. 823

P. O. Address Brunswick M

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.