

FILED JUN 12 1944

State File No. ....

Registration District No. 214

Primary Registration District No. 3056

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: McCormick Hospital  
(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 Randolph  
(c) City or town Huntsville  
(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 Charles Edward Wright

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: November 26 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 18 hr. min.

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

10. Usual occupation retired painter

11. Industry or business.....

12. Name Charles Durling Wright

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Julia Majors

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Durling Bagby

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 5/15/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) 5-29-44 (b) Anna Nave  
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1944 hour 9:00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from May 1  
1944 to May 14 1944  
that I last saw him alive on May 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Hemorrhage Duration 10 or 12 mos.

Due to unknown

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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).....

(b) Date of occurrence.....

(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?..... Means of injury.....

23. Signature A. P. McCormick (M.D. or other) MD

Address Moberly, Mo Date signed 5/29/44

RECEIVED

District Health Officer No. 1

District File Number 6-44-10

Date Filed JUN 9 1944

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.