

FILED FEB 9 1945

Registration District No. ....

Primary Registration District No. 5744

Registrar's No. 4

100  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural, Rockwell, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1 Chariton  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural, Rockwell, Mo.  
(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 DOVA LESTER WAGES

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10  
year 1945 hour about 9 minute A 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.

4. Sex male ( ) 5. Color or race white

6. (a) Single, widowed, married married  
1 divorced

6. (b) Name of husband or wife Daisy Wages

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 22 - 1980  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to Suicide by hanging

Due to \_\_\_\_\_

8. AGE: Years 66 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy \_\_\_\_\_

9. Birthplace Milmo, Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER { 12. Name Bates Wages

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

14. Maiden name Estes Emberton

15. Birthplace Centerton, Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence January 10 - 1945

(c) Where did injury occur Chariton, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
in barn on farm  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury hanging

16. (a) Informant Edward Wages

(b) Address Haytesville, Mo.

17. (a) Burial (b) Date thereof 1-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Cedar

18. (a) Signature of funeral director W. D. West

(b) Address Salisbury, Mo.

19. (a) 1/16/45 (b) R. Abbing  
(Date received local registrar) (Registrar's signature)

23. Signature W. D. West (M. D. Registrar)

Address Meramec, Mo. Date signed 1/10/45

RECEIVED

District Health Officer No. 8,

District File Number 3,

Date Filed 2/8/45

*E. J. ...*  
*Com. Miller*

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 Chas. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.