

FILED APR 15 1946

Registration District No. 94

Primary Registration District No. 5372

Registrar's No. 27

1. PLACE OF DEATH:

(a) County DeKalb (E. Adams Pop.)
(b) City or town Weatherby - (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

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

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

In this community 50 yrs
years, months or days)

3. (a) PRINT FULL NAME CHARLES CHESTER WRIGHT

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
MI

(b) Name of husband or wife Mary Wright 6. (c) Age of husband or wife if
alive 68 years

7. Birth date of deceased April 26-1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 27 If less than one day
hr. _____ min. _____

9. Birthplace HINDSBORO, DOUGLAS Co., ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Wright

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

14. Maiden name Jane Bayenscraft

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

16. (a) Informant Govt. Wright

(b) Address Weatherby, Mo. R72

17. (a) Burial (b) Date thereof 3-27-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation DeKalb Chapel

18. (a) Signature of informant Robert Wright

(b) Address Maysville, Mo

19. (a) 3-8-46 (b) J. W. Dwyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB
(c) City or town WEATHERBY (RURAL)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 23
year 1946 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10 to 10 1946
that I last saw him alive on June 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
and Rheumatism

Due to _____

Due to _____

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

Major findings: _____
Of operations 93e

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(d) Means of injury _____

23. Signature J. W. Dwyer (M. D. or other) _____

Address Common mo Date signed 3/26/46

APR 18 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. 3960

P. O. Address Maupauli 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.