

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6382
Do not use this space.

1. PLACE OF DEATH

(a) County Dekalb Registration District No. 263
(b) Township Dallis Primary Registration District No. 5366 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorenzo D. Wright

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Wright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13/1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
88 6 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Near Cleveland Ohio. (STATE OR COUNTRY)

FATHER 13. NAME Lorenzo Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER 15. MAIDEN NAME Mary Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gy Germany

17. INFORMANT Lorenzo Wright (ADDRESS) Pattonburg, Mo. R.F.D # 5

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 2/9/39

19. FUNERAL DIRECTOR (NAME) G. S. Gromer (ADDRESS) Pattonburg, Mo.

20. FILED 2/10/39 1939 James Fitzgerald Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1938 to Feb. 7 1939
I last saw him alive on Feb. 4 1939. Death is said to have occurred on the date stated above, at 9-12 A.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis & Chronic nephritis
Date of onset 131

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Arteriosclerosis (Signed) _____, M. D.
(Address) Pattonburg

RECEIVED

District Health Officer No. 11,

District File Number 39-27

Date Filed 3-8-39

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

H. Gromer

Licensed Embalmer No. 2857

P. O. Address

Pattersonburg

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.