

65 JUN 8 1939

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

19495  
Do not use this space.

1. PLACE OF DEATH <sup>3</sup>  
 (a) County Phelps Registration District No. 678  
 (b) Township Merrimac Primary Registration District No. 5906  
 (c) City or ..... (d) Street No. .... St.  
 (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.  
 673 Chas. L. Wright  
 2. PRINT FULL NAME  
 (a) Residence, No. St James 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-13-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 1-1-1939 11. Total time (years) spent in this occupation 30 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams co Ill

FATHER 13. NAME John Wright  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME ''  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ''

17. INFORMANT (ADDRESS) Roy Coroner St James MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrison Creek DATE 6-23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. L. Luchler St James MO

20. FILED 5-23 - 1939 Elmer B. Houck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Drowned by  
jumping into a pond  
 Date of onset

Other contributory causes of importance: 166

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? homicide Date of injury 5-21 1939  
 Where did injury occur? on a pond 10 mi So of St James  
 (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 .....  
 (Signed) Oral Luchler Coroner  
 (Address) St James MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**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.....

*Oral E. Licklider*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Oral E. Licklider*.....

Licensed Embalmer No. *3546*.....

P. O. Address *St James, 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, above space should be left blank.**