

REC'D AUG 17 1939

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

25723
Do not use this space.

1. PLACE OF DEATH
 (a) County Nickery Registration District No. 36.5
 (b) Township Wheatland Primary Registration District No. 5.5-11 Registered No. 2
 (c) City Wheatland P.A. 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. da.
6.23 yrs. 0 mos. 0 ds. 0 yrs. 0 mos. 0 da.

2. PRINT FULL NAME GEO. W. 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1864

7. AGE YEARS 74 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Wm Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
 15. MAIDEN NAME Mary Henderson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Tom Clewright
Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bunkard DATE 7/14 1939

19. FUNERAL DIRECTOR (ADDRESS) J. L. Luckey
Wheatland Mo

20. FILED July 13 1939 Mrs. A. S. Johnston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939

22. I HEREBY CERTIFY That I attended deceased from July 12 1939 to July 12 1939
 I last saw him alive on July 12 1939 Death is said to have occurred on the date stated above, at 3:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 7-12-39
54
 Other contributory causes of importance:
Diabetes Mellitus & Arterial Sclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) A. S. Johnston, M. D.
 (Address) Wheatland Mo
32 1/2

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12604

RECEIVED
District Health Officer No. 7,
District File Number 7-29-116
Date Filed 8-7-39

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed (By request of family) Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)