

Registration District No. 289

Primary Registration District No. 4347

Registrar's No. 4

I. PLACE OF DEATH:

(a) County MONTGOMERY
(b) City or town JONESBURG, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONTGOMERY
(c) City or town JONESBURG, MISSOURI
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23rd
year 1940 hour 4 minute 20 p.m.

21. I hereby certify that I attended the deceased from Sudden death
that I last saw him alive on _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis or Embolism

Due to (Feel over dead)
Due to _____

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

Major findings: Of operations _____

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence Sudden death 1-23-40
(c) Where did injury occur? Jonesburg, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Walking dogs - fell over
While at work? yes (Specify type of place) (e) Means of injury None

23. Signature E. J. T. Anderson (M. D. or other) MD
Address Montgomery City Date signed 1/24/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SAMUEL R. WRIGHT
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife AMANDA VICTORIA WRIGHT 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased DEC 6 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 17 If less than one day hr. _____ min. _____

9. Birthplace WARREN COUNTY (City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business _____

12. Name SAMUEL B. WRIGHT

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

14. Maiden name ELIZA LEE

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

16. (a) Informant BOYD WRIGHT

(b) Address NEW FLORENCE, MISSOURI

17. (a) BURIAL (b) Date thereof JAN 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JONESBURG, CEM.

18. (a) Signature of funeral director Ray Means

(b) Address Jonesburg, Missouri

19. (a) Jan 25 1940 (b) Mary Lou Pliska
(Date received local registrar) (Registrar's signature)

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

Colman Montgomery Co

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 myself

....., Registered Apprentice No. — —
working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Jonesburg, Miss

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.