APR 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12161

State File No.

Registration District No. 735 Primary Registration District No. 5970 Registrar's No. 55

1. PLACE OF DEATH:
(a) County Randolph Co
(b) City or town Rural R # 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) 623

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town R. R. # 3
(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.

3. (a) PRINT FULL NAME: ASHBY, HALL, WRIGHT

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith Wright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 23 (Day) 1884 (Year)

8. AGE: Years 55 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Willard Wright
13. Birthplace Randolph Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Amelia Poage
15. Birthplace Randolph Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature Mrs Edith Wright
(b) Address Huntsville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville Mo
19. (a) Mar 16-1940 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Coroner Case, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Struck by auto causing fracture at base of skull and fracture of left collar bone	?
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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) Accident
(b) Date of occurrence March 13 - 1940
(c) Where did injury occur? On Highway 424 Randolph, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public (Specify type of place)
While at work? No (e) Means of injury as above

23. Signature E. W. Shrader (M. D. or other) coroner
Address Moberly, Mo. Date signed 3-23-40

(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.

I X19511

RECEIVED
Health Officer No. 10
File Number 4-40-895
APR 16 1940

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville 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.