

X23159

**FILED OCT 10 1940**  
Registration District No. **184**

Primary Registration District No. **3008**

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

**1. PLACE OF DEATH:**  
(a) County Callaway  
(b) City or town Dutton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Callaway Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 hrs.  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME:** Potter P. Wright

**3. (b) If veteran, name war:** no **3. (c) Social Security No.:** none

**4. Sex:** male **5. Color or race:** white **6. (a) Single, widowed, married, divorced:** divorced

**6. (b) Name of husband or wife:** Hina Cafford Wright **6. (c) Age of husband or wife if alive:** 40 years

**7. Birth date of deceased:** March 1889  
(Month) (Day) (Year)

**8. AGE:** Years 51 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace:** Bever Dam Audrain Co. Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Laborer

**11. Industry or business:** \_\_\_\_\_

**12. Name:** William B. Wright

**13. Birthplace:** Pikeville  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Margaret A. Whalley

**15. Birthplace:** Bealeville Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** J. H. W. Wright  
**(b) Address:** Mercox no 683, E. Curvey

**17. (a) \_\_\_\_\_ (b) Date thereof:** Sept 14, 1940  
(Resial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director:** Geo. S. Wallace  
**(b) Address:** Shelton, Mo.

**19. (a) \_\_\_\_\_ (b) \_\_\_\_\_**  
(Date received local Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Callaway  
(c) City or town no permanent address  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Sept day 14 year 1940 hour 6 minute 9 M.

**21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to \_\_\_\_\_, 1940.**  
that I last saw him alive on Sept 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gastritis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** no operation  
Of operations \_\_\_\_\_  
**Of autopsy:** none

Duration 2 days

**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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature:** R. H. Hall (M. D. or other) \_\_\_\_\_  
Address Fuller mo Date signed 9-14/40

118c

**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 Harold J. Christey  
Licensed Embalmer No. 14002  
P. O. Address Dulton, 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. **31559**

Registration District No. **104**

Primary Registration District No. **3008**

Registrar's No. **231**

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

1. PLACE OF DEATH

(a) County **Callaway**  
(b) City or town **Fulton**  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Parter P. Knight**

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 **Div**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years **21** Months **6** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 **Sept** day **14**  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Immediate cause of death **Acute Gastritis**  
Due to **cause unknown**

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Includes pregnancy within 3 months of death) **1160**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **P. J. Hawn** (M. D. or other) \_\_\_\_\_

Address **Fulton Mo** Date signed \_\_\_\_\_

SUPPLEMENTAL

