No. 2
11-17-40
X21492

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
DEC 14 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38419

Registration District No. 147 Primary Registration District No. 5810 Registrar's No.

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

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Rural Austin Twp
(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
In this community Since 1912 (Specify whether years, months or days) 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cass

(c) City or town Rural Austin Twp
(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

3. (a) PRINT FULL NAME William Henry Wright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha May Wright

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 9 (Day) 1870 (Year)

8. AGE: Years 70 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Green County (City, town, or county) Ind. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business /

FATHER
12. Name Elijah C. Wright
13. Birthplace Indiana. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Matilda Baynes
15. Birthplace Ohio. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Wright
(b) Address Archie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Atkinson Bros.
(b) Address Archie, Mo.

19. (a) Nov. 12-1940 (Date received local registrar) (b) Mrs Dora Adair (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 10 year 1940 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from ✓, 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: Cardiac Asthma | 1/2 hr |
| Due to: Arteriosclerosis | years |
| 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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. B. Zout (M. D. or other)
Address Archie Mo Date signed 11

(Licensed Embalmer's Statement on Reverse Side)

## 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 Floyd Atkinson

Licensed Embalmer No. 3970

P. O. Address Jarrisonville

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**