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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39912
State File No. _____
Registrar's No. 948

FILED DEC 11 1940

Registration District No. _____

Primary Registration District No. 948-6060

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

1. PLACE OF DEATH

(a) County Scotland

(b) City or town Rural (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 _____ years, months or days _____

3. (a) PRINT FULL NAME Alvin L. 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 widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 2 - 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Clark Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John L. Wright

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

14. Maiden name Miss Star

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

16. (a) Informant Elmer M Wright

(b) Address Greensburg Mo

17. (a) Burial (b) Date thereof Sept 13 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bible Grove

18. (a) Signature of funeral director Ernst J. Jackson

(b) Address Memphis Mo

19. (a) Dec 4 1940 Mrs J A Dyl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Bible Grove Mo
(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 12 year 1940 hour None minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 7 - 40 1940 to Sept 12 1940 that I last saw him alive on Sept 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Myocardial Dehypertension
Arteriosclerosis

Due to _____
Due to _____

Other conditions Hypertension of the heart
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? 722 (Specify type of place) _____
(e) Means of injury _____

23. Signature E. E. Sheffler (M. D. or other) 1
Address Memphis Mo Date signed 9-13-40

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.