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10-30  
1940

JAN 25 1941

732

4437

Registration District No. 732

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Mo  
(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 2

3. (a) PRINT FULL NAME George Douglas Wright

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

4. Sex Male race White

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife Hanna 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Aug I 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |   |    |                |
|----|---|----|----------------|
| 80 | 4 | I7 | hr. _____ min. |
|----|---|----|----------------|

9. Birthplace Illinois ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner

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

MOTHER FATHER { 12. Name George Wright

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

14. Maiden name Nancy Dodson

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

16. (a) Informant Mrs Ester Longdon

(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Dec 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) Dec 26-1940 (b) J. W. Winn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee 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 Dec day 18  
year 1940 hour II minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 17 1940  
December 17 to December 18, 1940  
that I last saw him alive on December 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 14 hrs

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

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

Other conditions 9412  
(Include pregnancy within 5 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations None

Of autopsy None

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 3

23. Signature W. O. Dunderberg or other D.O.  
Address Higbee, Mo Date signed 12-26-40

RECEIVED

District Health Officer No. 10

District File Number 1-41-103

Date Filed JAN 13 1944

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 MF

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 4101

P. O. Address Highland, N.Y.

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.