No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2574

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 14

9
2
6

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1601 E. Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DEECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield. (If outside city or town limits, write "RURAL") 2
(d) Street No. 1601 E. Central (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN VINCENT WRIGHT
3. (b) If veteran, name war NONE
3. (c) Social Security No. 491-03-2609
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Billie M. Wright
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June (Month) 16 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	19	hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Pepsi Bottling Co
FATHER 12. Name John Wright
FATHER 13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Mrs James Reynolds
(b) Address 1844 W. Walnut Springfield. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director J. W. Kingsley
(b) Address Springfield Mo.
19. (a) 1-7-41 (Date received local registrar) (b) W. G. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1941 hour 3 minute 35 A. M.
21. I hereby certify that I attended the deceased from Jan. 4, 1941, to Jan. 5, 1941, that I last saw h. alive on Jan 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 1 day
Due to Chr. Hypertensive cardio vascular disease — 7
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)
(e) While at work _____ (e) Means of injury _____
22. Signature Arthur Krake M.D. (M. D. or other)
Address 400½ E. Cornell Date signed 1-8-41

(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 Roy A. Loarin,

Licensed Embalmer No. 1763

P. O. Address Springfield 9

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

If this body is not embalmed, fact should be so stated above.