

No. 2  
1-13-40  
-17-39  
X23159

Registration District No. **318** Primary Registration District No. **2001**

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: **Burge Hospital**  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2314 Kellett**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME **Frank W. Wright**  
3. (b) If veteran, name war **World War**  
3. (c) Social Security No. **458-22-0382**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Divorced**  
6. (b) Name of husband or wife **Florence Butler Wright**  
6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **April 23, 1898**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**42 11 9** hr. min.

9. Birthplace **Springfield, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Auto Mechanic**

11. Industry or business **In Garage**

12. Name **Frank Wright**

13. Birthplace **Unknown Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Thompson**

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

16. (a) Informant **Mrs. M. J. Sater**  
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **4/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**  
(b) Address **Springfield, Missouri**

19. (a) **4-3-41** (b) **D. W. B. Handley**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **2**  
year **1941** hour **2** minute **A.** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him **indeed** on **April 2**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide**

Due to **Taking strychnine poison in powdered form**

Other conditions (Include pregnancy within 3 months of death) **162E**

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **suicide**  
(b) Date of occurrence **April 2, 1941**  
(c) Where did injury occur? **Springfield, Greene, Mo.**  
(Specify town) (County) (State)  
(d) Did injury occur in or about home/on farm, in industrial place, in public place?  
**home**

(Specify type of place) (e) Means of injury **none**

23. Signature **Jas. B. Bayon Acting Coroner**  
(M. D. or other)  
Address **1162 1/2 No. Ruffner** Date signed **4/3/41**

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

9  
2  
6

39  
6

MOTHER FATHER

Duration  
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

*Wayne Hinkle*

Licensed Embalmer No. *34440*

P. O. Address, *Springdale*

**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.**

X