

WHILE FLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21869  
State File No. 8  
Registrar's No. 34

Registration District No. 2 Primary Registration District No. 205

1. PLACE OF DEATH:  
(a) County Andrew  
(b) City or town SAVANNAH  
(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 46 yrs 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Savannah  
(d) Street No.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lee Wright  
8. (b) If veteran, name war no (c) Social Security No. no  
4. Sex m 5. Color or race W  
6. (a) Single, widowed, married, divorced S  
7. Birth date of deceased Dec 19 - 1892 (Month) (Day) (Year)

20. DATE OF DEATH: Month 7 day 21 year 1941 hour 4 minute 15 P. M.  
21. I hereby certify that I attended the deceased from March 31 1941 to July 21 1941 that I last saw him alive on July 21 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 2 If less than one day hr. min.  
9. Birthplace Clay County Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Immediate cause of death  
Chronic and unspelled congestion of lungs  
Chronic myocarditis  
Due to  
Other conditions (Include pregnancy within 3 months of death) 927

MOTHER FATHER  
11. Industry or business  
12. Name Thomas Wright  
13. Birthplace unknown Ill (City, town, or county) (State or foreign country)  
14. Maiden name Martha Brown  
15. Birthplace unknown Ill (City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Mrs. Betty Baumer  
(b) Address Fillmore Mo  
17. (a) B. (b) Date thereof 7-23-41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fillmore  
18. (a) Signature of funeral director E. B. Brent  
(b) Address Savannah Mo  
19. (a) July 22-41 (b) Mrs. Jennie Rash (Date received local registrar) (Registrar's signature)

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? (Specify type of place) (a) Means of injury  
23. Signature J. Forest (M. D. or other) M.D. Address Savannah Mo Date signed 7/27/41

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah, Md

**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.**