

No. 2  
4-13-40  
5-17-39  
P-I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24481

State File No. ....

Registrar's No. 180

FILED AUG 25 1941 73  
Registration District No. ....

Primary Registration District No. 3006

00  
2  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbin Mo  
(c) Name of hospital or institution: Boone Co Hospital  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 0 years, months or days

3. (a) PRINT FULL NAME Alexander Wright  
3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex M. J 5. Color or race Colored 6. (a) Single, widowed, married Divorced  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive 15 years  
7. Birth date of deceased May 15 - 1873

8. AGE: Years 68 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER { 12. Name Lewis Wright  
13. Birthplace Howard Co Mo D  
14. Maiden name Do not know  
15. Birthplace Do not know  
16. (a) Informant Sallie Carter  
(b) Address 501 Clay St

17. (a) Calvary Cem (b) Date thereof 7-14-41  
(c) Place: burial or cremation Calvary Cem  
18. (a) Signature of funeral director B. B. Hanna  
(b) Address 608 Clay St

19. (a) 7/12/41 (b) Allie Selby  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Boone  
(c) City or town Columbin  
(d) Street No. 501 Clay St  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10 year 1941 hour 4 minute 50 P. M.  
21. I hereby certify that I attended the deceased from 7-10-41 to 7-10-41 that I last saw him alive on 7-10-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Paralysis  
Due to 830  
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?  
(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  
23. Signature Od Moon (M. D. or other) D  
Address 301 N. 5th St Columbin Mo Date signed 7-1-41

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. Freeman

Licensed Embalmer No. 2837

P. O. Address 208 Park Ave Columbia

**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.**