

G 11 1941 318
On District No.

Primary Registration District No. 2001

Registrar's No. 542-A

1. PLACE OF DEATH:

(a) County GREENE
 (b) City or town Springfield
 (c) Name of hospital or institution: St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lawrence W. Wright3. (b) If veteran, name war NO 3. (c) Social Security No. None4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Dora Wright 6. (c) Age of husband or wife if alive Unknown years7. Birth date of deceased March 15, 1885
(Month) (Day) (Year)8. AGE: Years 156 Months 3 Days 19 If less than one day hr. min.9. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Law W Wright13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)14. Maiden name Emma Bushard15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Chas Verigo(b) Address Sweet Spgs. Mo17. (a) burial (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Brethern cem18. (a) Signature of funeral director JR Luckey(b) Address Wheatland Mo19. (a) 7-5-41 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
 (c) City or town Alexander Rural
 (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 July day 4
year 1941 hour 2 minute 30 M.21. I hereby certify that I attended the deceased from July 3, 1941, to July 4, 1941 that I last saw him alive on July 3, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Acute Coronary Thrombosis Duration 5 days

Due to _____

Due to 94 W

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 7-12-41

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.....

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

Signed: *JR Lucery*
Licensed Embalmer No. *2987*
P. O. Address *Whitland 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.

X

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25-158
Registrar's No. 542-A

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 St. John's Hosp
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 Days
In this community lifetime 5 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Alexander Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Laurence H. Knight

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex

m

5. Color or race

W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-24-41 (b) W. E. Handley

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

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)

(b) 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 _____

Signature _____ (M. D. or other) _____

Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

W. E. Handley
1941

S-25158