

Registration District No. **110** AUG 18 1941
735

Primary Registration District No. 3034

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XX /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years (Specify whether
 years, months or days)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMEJames Robert Wright

8. (b) If veteran,

name war XX

8. (c) Social Security

No. XX

4. Sex

male

5. Color or

race white

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Eldora Dawson Wright

6. (c) Age of husband or wife if

alive 74 years

7. Birth date of deceased.

11/11/1865

(Month)

(Day)

(Year)

8. AGE:

Years

75

Months

8

Days

15

If less than one day

hr.

min.

9. Birthplace

Monroe Co

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

FarmerXX

11. Industry or business

12. Name Robert Wright

13. Birthplace

Ky

(City, town, or county)

Mo

(State or foreign country)

14. Maiden name

Elizabeth Brown

15. Birthplace

Ky

(City, town, or county)

Mo

(State or foreign country)

16. (a) Informant's own signature

Charles Wright

(b) Address

523 N. Ault17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7/28/1941

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Madison Cemetery

18. (a) Signature of funeral director

W. U. Thompson

(b) Address

Madison, Mo19. (a) 7/28/41

(Date received local registrar)

(b) Leah Williams

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 523 N. Ault
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day July
 year 1941 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from May - 31
1941 to July - 26 - 1941
 that I last saw him alive on July - 26 - 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death berberal hemorrhage Duration
myocarditis, high blood pressure 56 days

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 sta-
tistically

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?

Write at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature E. W. Shrader (M. D. or other) 10Address Moberly, Mo. Date signed 7/27/41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1519

Date Filed AUG 15 1941

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 Mrs. Fred G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Va

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.