No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35156

Registration District No. 398 | Primary Registration District No. 3019 | Registrar's No. 294

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 0

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence Mo (If outside city or town limits, write "RURAL")
(d) Street No.: Route 4 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME: Wrigley, George David
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife: Infant
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November 3, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	..... hr. ..... min.

9. Birthplace: Independence (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Infant
11. Industry or business:
FATHER 12. Name: Wrigley, George Edgar
13. Birthplace: Independence (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Fabian, Bonnie Belle
15. Birthplace: Harden (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Geo Edgar Wrigley
(b) Address: Route 4 Indep. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 4 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Grove Cem
18. (a) Signature of funeral director: Cato & Speaks
(b) Address: Independence Mo
19. (a) Nov. 4 1941 (Date received by local registrar) (b) H. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1941 hour 3:35 am minute ..... M.
21. I hereby certify that I attended the deceased from Nov 3, 1941 to Nov. 4, 1941; that I last saw h. alive on Nov. 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hyperplasia of thymus
Underlying Congenital Adelectasis

	Duration
Due to:	Congenital
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Hyperplasia of thymus especially middle lobe and complete atelectasis

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

23. Signature: Lucille Gunnemann M.D. (M. D. or other) M.D.
Address: Independence Mo Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3604

P. O. Address Independence

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.