No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 54 1941

Registration District No. 46

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4248

State File No. 38560

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 45

(c) City or town Sarcoxie 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph A. Wright

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife Rachel Emma

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 7, 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Indianapolis / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business general farming

FATHER
12. Name Arthur Wright
13. Birthplace Indianapolis / Indiana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca ------
15. Birthplace Dont know /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. Emma Wright
(b) Address Sarcoxie, Missouri

17. (a) Burial (b) Date thereof 11/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Missouri

19. (a) 11/24/41 (b) Mrs Emma Broadaway
(Date received local registrar) (Registrar's signature)

948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 22
year 1941 hour 5 oclock minute A. M.

21. I hereby certify that I attended the deceased from Jan 1941 ..... 19..., to Nov 22 ..... 19 41
that I last saw him alive on Nov 22 ..... 19 41
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Debility	
Due to Arteriosclerosis & ~~[illegible]~~ chronic nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131 b	
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature J E Kilbane (M. D. or other) D.O.
Address Sarcoxie Mo Date signed Nov 23

(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 George B Orr

Licensed Embalmer No. 946

P. O. Address Fort Vernon Mo

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.