

FILED FEB 13 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3826
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
 (b) Township Richland Primary Registration District No. 4553 Registered No. 1001
 (c) City Sikeston (d) Street No. 1 St. 2
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cleo Wright

(a) Residence, No. Sikeston St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ARDELLA WRIGHT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 13 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. COTTON OIL MILL
 10. Date deceased last worked at this occupation (month and year) JAN 1942 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Information not available

13. NAME Information not available

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Information not available

15. MAIDEN NAME Information not available

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Information not available

17. INFORMANT (ADDRESS) Godelias Wright Sikeston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE CEMETERY DATE JAN 26, 42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CITY OF SIKESTON STREET DEPT

20. FILED 2-9- 19 42 H.B. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-25 1942

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Gun shot wounds - violence by persons unknown - Third degree burn

Other contributory causes of importance: 166

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-25, 1942
 Where did injury occur? Sikeston (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Public Place (Signed) Oran Missouri (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1-26-42

RECEIVED

District Health Office No. 2,

District File Number 2-42-157

Date Filed 2-18-42

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.....

P. O. Address.....

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.