

1-4-41
17-39
X26390

FIVE MAR 13 1942

Registration District No. 378

Primary Registration District No. 2001

Registrar's No. 128

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:
2023 N. Pierce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
In this community About 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, Mo 2
(If outside city or town limits, write "RURAL.")

(d) Street No. 2023 N. Pierce 6
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lewis B, Wright

3. (b) If veteran, name war no.

3. (c) Social Security No. 191-05-1730

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1942 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1942 to Feb. 15 1942 that I last saw him in alive on _____ 19____; and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Della Wright

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 26 1889
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion / day

Due to Arterial sclerosis

Due to _____

Other conditions pulmonary tuberculosis
(Include pregnancy within 3 months of death)

8. AGE: Years 52 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Lamar Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

Major findings: _____

Of operations _____

Of autopsy 136

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name George Wright

13. Birthplace Toledo Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alice Babbitt

15. Birthplace Decater Ill
(City, town, or county) (State or foreign country)

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) (e) Means of injury _____

16. (a) Informant George Wright

(b) Address 1838 N. Missouri

17. (a) Burial (b) Date thereof 2/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn (Cem)

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield, Mo

19. (a) 2-16-42 (b) A. W. Handley
(Date received local registrar) (Registrar's signature)

23. Signature Arthur Knapp (M. D. or other) MD

Address Springfield Mo Date signed 2/23/42

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

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, fact should be so stated above.