S. No. 2
—11-10-39
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11264

State File No. 11264

Registration District No. FILED APR 20 1942

Primary Registration District No. 45-74

Registrar's No. 23

60
0
0

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

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Anderson, Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 6½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 060 0 0

(a) State Missouri (b) County McDonald

(c) City or town Anderson, Missouri City
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nual Leon Wright

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 13th (Day) 1929 (Year)

8. AGE: Years 13 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace Walker Missouri (City, town, or county) USA (State or foreign country) 0

10. Usual occupation Schoolboy

11. Industry or business Public School

FATHER
12. Name Estill Lunsford Wright
13. Birthplace Walker Missouri (City, town, or county) U.S.A. (State or foreign country) 0

MOTHER
14. Maiden name Edith Vee Gilpin USA
15. Birthplace Eldorado Springs, Mo (City, town, or county) U.S.A. (State or foreign country) 0

16. (a) Informant Father [Estill L. Wright]
(b) Address Anderson, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Anderson Cemetery

18. (a) Signature of funeral director R. E. Cheatham
(b) Address Anderson, Mo.

19. (a) 3-14-1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1942 hour 5:45 A.M. minute M.

21. I hereby certify that I attended the deceased from 3/10/42, 19, to 3/14/42, 19;
that I last saw him alive on 3/14/42, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronciopneumonia,	3/10/42 to 3/14/42
Due to Influenza	
Due to Influenza bacillis	
Other conditions (Include pregnancy within 3 months of death) 330	
Major findings: Of operations	
Of autopsy none	

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 0

23. Signature S. H. Bush D.D. (M. D. or other)
Address Anderson, Missouri Date signed 3/14/42

700 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-571
Date Filed APR 16 1942

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 me, Registered Apprentice No. , working under my personal supervision.

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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, above space should be left blank.