S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

10
24

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 31 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26679

Registration District No. 38 — Primary Registration District No. 3006 5-120 — Registrar's No. 162

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Noyes Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 weeks (Specify whether years, months or days) In this community: 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10 2
(c) City or town: Columbia (If outside city or town limits, write "RURAL") 4 1
(d) Street No.: 415 Hitt St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: WILLIAM THOMAS WRIGHT

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Tillie Wright

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: March (Month) 23 (Day) 1879 (Year)

8. AGE: Years 63 | Months 4 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace: Warren County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Custodian at Hendrix Hall

11. Industry or business:

FATHER
12. Name: James Robert Wright
13. Birthplace: Warren County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Ellen Patton
15. Birthplace: Warren County (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Robert G. Wright
(b) Address: 119 2nd Ave., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 11 '42 (Month) (Day) (Year)
(c) Place: burial or cremation: Wright Cem. Warren Co.

18. (a) Signature of funeral director: Parker & Berry
(b) Address: Columbia, Mo.

19. (a) 8-10-42 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 12 45 minute A M.

21. I hereby certify that I attended the deceased from June 6, 1942, to Aug 10, 1942, that I last saw h. alive on Aug 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lung — Duration: 3 mos

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 46

Major findings:
Of operations:
Of autopsy: Carcinoma of Stomach with Generalized Metastasis

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: Karl Odell Mott (M. D. or other)
Address: Hallsville Date signed 8-10-42

0/250 (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. 4132

P. O. Address.....

SEP 2 1942

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.