

FILED DEC 29 1942 - 6
Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41080

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH

(a) County JASPER
(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JASPER
(c) City or town JOPLIN
(If outside city or town limits, write "RURAL")
(d) Street No. 512 W 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WALTER S. WRIGHT

3. (b) If veteran, name war 3. (c) Social Security No. 491-01-1339

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec 7 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 15 Days If less than one day hr. min.

9. Birthplace Bartowville Ark
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Plumber

12. Name W. S. Wright

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

14. Maiden name Maime Smith

15. Birthplace Joplin Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Wright

(b) Address 512 W 6th

17. (a) Removal (b) Date thereof 12-26-42
(Burial, reinterment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bartowville

18. (a) Signature of funeral directors John H. Wright

(b) Address Joplin Mo

19. (a) 12-23-42 (b) Walter S. Wright
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1942 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 21 1942 to Dec 21 1942 that I last saw him alive on Dec 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 mo.

Due to Pneumonia 3 mo.

Due to Acute Pneumonia 6 mo.

Other conditions 1100
(Include pregnancy within 3 months of death)

Major findings: Chest full pus PHYSICIAN

Of operations Of autopsy None done
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?

While at work? (Specify type of place) (Means of injury)

23. Signature W. S. Wright (M. D. or other) MD

Address Joplin, Mo. Date signed 12-22-42

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

MOTHER FATHER

192
29/42

1204.

MAR 1 1943

DEC 29 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Josephine Ave*

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.