

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9723  
Registrar's No. 370

Registration District No. 42 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 45 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3118 Seneca Street.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Harry Lovell Wright  
(b) If veteran, name war No  
(c) Social Security No. 491-10-0830

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 26th.  
year 1943 hour 8:50 minute A. M.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Mary Wright  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased January 25 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 14 1943 to Mar 26 1943  
that I last saw him alive on Mar 23 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 2 Days 1 If less than one day  
hr. min.

Immediate cause of death Arterial occlusion Duration 12 days

9. Birthplace Holden Missouri  
(City, town, or county) (State or foreign country)

Due to 94a  
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Department Manager & Buyer

PHYSICIAN  
Major findings: Of operations  
Of autopsy

11. Industry or business Men's Clothing Store  
12. Name William Wright  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia A. Snider  
15. Birthplace Licking County Ohio  
(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?

16. (a) Informant Helen Mary Wright  
(b) Address 3118 Seneca St., St. Joseph, Mo.  
17. (a) Burial (b) Date thereof 3-29-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

While at work (Specify type of place) (e) Means of injury  
23. Signature John J. Bono (M. D. or other)  
Address St. Joseph, Mo. Date signed 3-27

18. (a) Signature of funeral director Cliff Meierhoffer  
(b) Address 13th. & Farago St., St. Joseph, Mo.  
19. (a) 3-29-43 (b) Rose Neys  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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**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: Leo E. Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

**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.**