

State File No. _____

AUG 11 1943
Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Carter Park (S. River St.)
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Harry Louis Wright

3. (b) If veteran, name war No
3. (c) Social Security No. 499-22-1468

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Coralie Wright
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased August 6 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 8
If less than one day hr. min.

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

10. Usual occupation Accountant

11. Industry or business _____

12. Name Thomas W. Wright
13. Birthplace Freeman Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Van Riper
15. Birthplace Morris Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Wright, Jr.

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof July 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 16 1943 (b) Elyzabeth Couplin
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1943 hour 4 minute P M.
21. I hereby certify that I attended the deceased from 7-12-
1943 to 7-14 1943;
that I last saw him alive on 7-14 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronco
bilateral 6 da

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations _____
Of autopsy _____

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) (c) Means of injury _____
23. Signature [Signature] M. D. or other MD
Address Carthage, Mo. Date signed 7-16-43

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

MOTHER FATHER

43-7-654

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 Ernest R. Neal

Licensed Embalmer No. 391

P. O. Address Carthage

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.