

FILED SEP 14 1943

Registration District No. 70

Primary Registration District No. 5283

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Rural UNION TWP.
(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 _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLARK

(c) City or town RURAL UNION TWP.
(If outside city or town limits, write "RURAL")

(d) Street No. UNION TWP.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME OLIVER Wright

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1943 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 28
1943, to July 15th, 1943
that I last saw him alive on July 15th, 1943
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DENA WOLTMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 8 1867
(Month) (Day) (Year)

Immediate cause of death _____

Due to Cerebral Hemorrhage
CEREBRAL HEMORRHAGE

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

8. AGE: Years Months Days If less than one day

75 9 27 _____ hr. _____ min.

9. Birthplace ATHENS CLARK Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Joshua L. Wright

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

14. Maiden name Sarah Bishop

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

16. (a) Informant Mrs. Dena Wright

(b) Address Kahoka Mo.

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KAHOKA CEMETERY

18. (a) Signature of funeral director Fred Farrell

(b) Address Kahoka Mo.

19. (a) 8-10-43 (b) Perry S. Bouton
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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 _____

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)

(e) Means of injury 2

23. Signature St. Pharmacy (M. D. or other) Do.

Address Kahoka Mo. Date signed 7-16-43

1273

87. NDC

RECEIVED

District Health Officer No. 10

9-43-1549

SEP 14 1943

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 *Fred J. Karle*

Licensed Embalmer No. 1023

P. O. Address *Kapoka 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, fact should be so stated above.