

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3788

State File No.

FILED DEC 4 1943
Registration District No. 29

Primary Registration District No. 2056

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Golden City, Rural Golden City 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 1
(Specify whether)

In this community 29
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Golden City Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME CHARLES HOMER WRIGHT

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Wright 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Feb. 7 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>2</u>	hr. min.

9. Birthplace Peebles Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

MOTHER FATHER

11. Industry or business

12. Name John Wright

13. Birthplace Adams Co. Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Lance

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

16. (a) Informant Dr. J. E. Wright
(b) Address Kansas City Mo.

17. (a) Burial (b) Date interred Oct. 11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillips Funeral Home Golden City Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City Mo.

19. (a) Oct. 11, 1943 (b) Alfred Wetterlund
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1943 hour 12 minute 45 p.m.

21. I hereby certify that I attended the deceased from July 16th 1943 to October 9th 1943
that I last saw him alive on October 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death coronary atherosclerosis

Due to myocarditis, arterio-sclerosis 3 yrs.

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938

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

(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 Donald Lipp (M. D. or other) 0
Address Golden City, Mo. Date signed 10/11/43

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

1192

RECEIVED

District Health Officer No. 61

District File Number 1143-1236

Date Filed NOV 30 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.....

Licensed Embalmer No. 3278

P. O. Address Golden City 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.