S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11048

FILED MAR 27 1944

Registration District No. 728 — Primary Registration District No. 2000 — Registrar's No. 249

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1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, Mo.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield, Mo (If outside city or town limits, write "RURAL")
(d) Street No.: 1204 W. Scott, Sty. (If rural, give location)
(e) Citizen of foreign country? (Yes or No): O
If yes, name country

3. (a) PRINT FULL NAME: Franklin Ben. Wright
3. (b) If veteran, name war: Unk.
3. (c) Social Security No.: Unk.
4. Sex: Male
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Frances Wright
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: August (Month) 31, (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days 14 If less than one day hr. min.

9. Birthplace: Unk. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country) 9
14. Maiden name: Unknown
15. Birthplace: Unk. (City, town, or county) Unk. (State or foreign country) 9
16. (a) Informant: Willie Harden
(b) Address: 1201, W. Scott, Spfd., Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Mem.
18. (a) Signature of funeral director: W. P. Campbell
(b) Address: 867 Washington Ave., Spfd., Mo
19. (a) 3-16-44 (Date received local registrar) (b) W. N. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15th year 1944 hour 2:15 minute A. M.
21. I hereby certify that I attended the deceased from 2-29- 1944, to 3-15- 1944; that I last saw him alive on 3-14- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myocarditis with myocardial degeneration — Duration P
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Chr. nephritis Parahpis (Fecal)
Major findings:
Of operations:
Of autopsy: 131 f

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: R. E. Jenkins (M. D. or other) MD
Address: 305½ College St., Spfd., Mo. Date signed: 3-16-44

(Licensed Embalmer's Statement on Reverse Side)

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APR 3 1949

## 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 W. P. Campbell

Licensed Embalmer No. 1747

P. O. Address Springfield Me

**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.**