

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16319
Registrar's No. 115

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c). Name of hospital or institution:
202 Aldeah St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 202 Aldeah St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES TARR WRIGHT
(b) If veteran, name war None
(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 Mildred Wright
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 - 7 - 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 1
year 1945 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 14, 1945, to May 1, 1945
that I last saw him alive on May 1, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Necrosis and Acute Nephritis
Due to arterio-sclerotic degeneration
Due to hypertension
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 130
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 38 Months 0 Days 24
If less than one day _____ hr. _____ min.
9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Accountant - Mo. Telephone Co.
11. Industry or business _____
MOTHER FATHER { 12. Name Elijah B. Wright
13. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lollie Tarr
15. Birthplace Callaway County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles T. Wright
(b) Address 202 Aldeah, Columbia, Mo.
17. (a) Burial (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 5-3-1945 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) 10
Address Columbia Date signed 5/1/45

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

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20
4

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-19-45

MAY 28 1945

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 Charles Loring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.