S. No. 2
M—3-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6763

Registration District No. 288 Primary Registration District No. 5981 Registrar's No. 16

1. PLACE OF DEATH:

(a) County Polk

(b) City or town "Rural" Madison 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 Polk 84

(c) City or town "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Fairplay 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Willard Wesley Wright

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Daisy Wright

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 27 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
65	3	21	hr. min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Hiram Wright
13. Birthplace Polk County (City, town, or county) Missouri () (State or foreign country)

MOTHER
14. Maiden name Mary Louisa Blair
15. Birthplace Polk County (City, town, or county) Missouri () (State or foreign country)

16. (a) Informant Harmon Wright
(b) Address Springfield, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Shady Grove Cemetery

18. (a) Signature of funeral director Hutcheson-Turpin
(b) Address Bolivar, Mo.

19. (a) Feb 22, 1946 (Date received local registrar) (b) Ralph Garden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to Feb 18, 1946;
that I last saw him alive on Feb 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorrhage	9 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
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?
(Specify type of place)
While at work? (e) Means of injury 2

23. Signature D. R. F. Wilson (M. D. or other) DO
Address Fair Play Mo Date signed 2/19/46

(Licensed Embalmer's Statement on Reverse Side)

258

RECORDED

MAR 10 1958

FEB 19 1958

Officer No. 7,

2-46-169

Date Filed 3-7-46

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 Harold M. Lurpin

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.