

No. 2
M-2-43
5-17-39
X35697

FILED MAR 12 1946

Registration District No. 132

Primary Registration District No. 3021

State File No.

Registrar's No.

1. PLACE OF DEATH

(a) County Grundy

(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 815 1/2 Main 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 9 years in community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. 815 1/2 MAIN ST
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Doct Elwood Wright

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1946 hour 2:50 minute A M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife Olivera Wagner

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov 19 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1946 to Mar 4 1946
that I last saw him alive on Mar 5 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 3 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral thrombosis

Due to Arteriosclerosis

9. Birthplace Dania City, Miami
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Photo Gallery

12. Name William Wright

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

14. Maiden name RACHEL WRIGHT

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

16. (a) Informant Mrs. A. E. Wright

(b) Address Trenton, Missouri

17. (a) burial (b) Date thereof Mar 8, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altant, MO

18. (a) Signature of funeral director Roger Adams

(b) Address Trenton, MO

19. (a) _____ (b) Gene Fair
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy GBD

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)

Address _____ Date signed 3/8/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8078

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

My self

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Drenton, 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.