No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29657
State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1009

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1313 north 10th St 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrew
(c) City or town Jefferson Township
(If outside city or town limits, write "RURAL")
(d) Street No. 4mi south SAVANNAH
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Elias Wrigley
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Addie Wrigley
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Oct (Month) 13 (Day) 1866 (Year)
8. AGE: Years 79 Months 10 Days 21 If less than one day hr. min.
9. Birthplace Andrew Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name James Wrigley
13. Birthplace Philadelphia (City, town, or county) Penn. (State or foreign country)
14. Maiden name Mary Greenhalgh
15. Birthplace Philadelphia (City, town, or county) Penn (State or foreign country)
16. (a) Informant Mrs. Addie Wrigley
(b) Address Savannah Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 9-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Cumberland Ridge
18. (a) Signature of funeral director E. L. Brit
(b) Address Savannah Mo
19. (a) Sept. 6, 1946 (Date received local registrar) (b) H. J. Mathews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 4 year 1946 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from July 17, 1946 to Sept 4, 1946; that I last saw him alive on Sept 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 mo
Due to: Arteriosclerosis	3
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: no	
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
23. Signature Gifford L. Hardley (M. D. or other) DO
Address Savannah Mo Date signed 9/5/46

(Licensed Embalmer's Statement on Reverse Side)

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 E. E. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.