S. No. 2
I—12-45
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I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32514

Registration District No. 367 Primary Registration District No. ~~4547~~ 6246 Registrar's No. 6

1. PLACE OF DEATH:

(a) County WASHINGTON

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

(c) Name of hospital or institution: — 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 3 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 330 PLANTHURST 4
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME JOHN D. WRIGHT

3. (b) If veteran, name war WORLD WAR #1

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife VERENA A WRIGHT

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased DEC. 5 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	9	17	— hr. — min.

9. Birthplace NEWPORT KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation SCOUT EXECUTIVE

11. Industry or business BOY SCOUTS OF AM.

FATHER
12. Name PARIS B WRIGHT 1
13. Birthplace LOUSVILLE KENTUCKY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NONNIE MARSHALL
15. Birthplace NEAR NASHVILLE TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant VERENA A WRIGHT

(b) Address 330 PLANTHURST, ST. LOUIS, MO.

17. (a) CREMATION (b) Date thereof SEPT-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: ~~burial~~ or cremation OAK GROVE, CREMATORY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTE GROVES, MO.

19. (a) Sept. 27-1946 (b) Nessie Eichenberger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 46 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from ~~to~~ 9, 1923 to 9-23, 1946
that I last saw him alive on 9-23 (9-23-), 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion (CORONARY OCCLUSION)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0

23. Signature J. P. Yeager (M. D. or other)

Address Grandia Date signed 9-24-46

330 (Licensed Embalmer's Statement on Reverse Side)

JUN 28 1946

RECEIVED

Health Officer No. 4

Number 1046-269

Filed 10-2-46

OCT 25 1945

OCT 25 1946

OCT 9 1946

OCT 17 1946

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.