

No. 2
5-43
5-17-39
I X36671

FILED OCT 28 1946
Registration District No. 42

Primary Registration District No. 1000

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

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:
1806 Howard Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 25 years
(years, months or days)

3. (a) PRINT FULL NAME John Edgar Wright

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maude J. Wright

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 6 19 hr. min.

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

10. Usual occupation Retired

11. Industry or business Green House Employee

MOTHER FATHER

12. Name James Wright

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

14. Maiden name Lucy Silver

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

16. (a) Informant Loretta Giles

(b) Address 1806 Howard, St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 10/14/1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Hatter Meischer

(b) Address 1302 Faraon, St. Joseph, Missouri.

19. (a) Oct. 24, 1946 (b) J. Neeshus
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1806 Howard Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th.
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1 1946 to Oct 11 1946
that I last saw him alive on Sept 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage plus

Due to H.B.P. 2 yrs.

Due to _____

Other conditions § 3A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. P. Elliott (M. D. or other) MD

Address 801 1/2 Front St. Joseph, Mo. signed 10/14/46

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 *Albert E Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address. St. Joseph, Missouri

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.