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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43138

Registrar's No. 10733

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: Morris 999

(c) City or town: Council Groves 14 (If outside city or town limits, write "RURAL")

(d) Street No.: 901 East Elm St. NR (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME: Harry Pirl Wright

3. (b) If veteran, name war: No.

3. (c) Social Security No.: ?

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Ethel E. Ames

6. (c) Age of husband or wife if alive: 53 years

7. Birth date of deceased: 7/22/83 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 ~~Days 12~~ 2 If less than one day hr. min.

9. Birthplace: Kansas City, Kansas (City, town, or county) / (State or foreign country)

10. Usual occupation: Retired Locomotive Engineer

11. Industry or business: Missouri Pacific R. R. Co.

FATHER
12. Name: Henry Jacob Wright
13. Birthplace: Illinois (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Amanda Whitaker
15. Birthplace: U. S. A. (City, town, or county) / (State or foreign country)

16. (a) Informant: Ethel E. Ames

(b) Address: 901 E. Elm St. Council Groves, Kans.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/15/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Council Groves, Kans.

18. (a) Signature of funeral director: Robert J. Ambruster, Inc.

(b) Address: Clayton Rd. at Concordia Lane

19. (a) DEC 15 1946 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1946, to Dec 14, 1946; that I last saw him alive on Dec 14 7:30 Am 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction + Toxemia	10 days
Due to: Neoplasm of Rectum. Malignant	1 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death): Myocarditis chronic Severe	5 yr

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

23. Signature: Louis F. Stephens (M. D. or other)

Address: Mo Pac Hosp Date signed 6 Dec

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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