

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1476**

FILED FEB 10 1947
1946

Registration District No. **146**

Primary Registration District No. **5568**

Registrar's No. **6**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Fairmount Station**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
718 Hawthorne
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **0**
(Specify whether years, months or days)
 In this community **15 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Thompson Beebe Wright**
 (b) If veteran, name war **None**
 (c) Social Security No. **None**

4. Sex **Male ()** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 (b) Name of husband or wife **Deceased**
 (c) Age of husband or wife if alive **6** years
 7. Birth date of deceased **March 6 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	10	2	hr. min.

9. Birthplace **Norborne, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **Selfe Employed**

MOTHER FATHER

12. Name **James V. Wright**

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

14. Maiden name **Anabella Theobald**

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

16. (a) Informant **Charles L. Wright**

(b) Address **519 West College, Indep. Mo.**

17. (a) **Burial** (b) Date thereof **1 11 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Norborne, Missouri**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**

(b) Address **Independence, Missouri**

19. (a) **1-12-47** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Fairmount Station**
(If outside city or town limits, write "RURAL")
 (d) Street No. **718 Hawthorne**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **January** day **8** th
 year **1947** hour **8** minute **30** a.m.

21. I hereby certify that I attended the deceased from **N.O.**
 _____, 19**46** to **JAN 8**, 19**47**;
 that I last saw him alive on **JAN. 6**, 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death
BRONCHOPNEUMONIA - TERMINAL
GENERAL ANAEMIA
 Due to **Chl. BRONCHITIS**
Arteriosclerotic Nephritis.

Duration **2 days**
1 wk.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Due to **↑**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **1319**
 Of operations
 Of autopsy

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? **X** (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature *[Signature]* (M.D. or other) **0**
 Address **Indep. Mo.** Date signed **1-11-47**

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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.....

William Nelson Schluter, Registered Apprentice No. 439,
working under my personal supervision.

Signed John Pasley
Licensed Embalmer No. 4388

P. O. Address Independence, 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.