

Registration District No. 53-1847-84

Primary Registration District No. 84-5319

Registrar's No. 1

1. PLACE OF DEATH

(a) County Copper  
(b) City or town Otterville Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution none  
(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 60 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Copper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. near Pleasant Green Mo  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SIDNEY - WRIGHT

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race Wp 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 15 - 1883  
(Month) (Day) (Year)

8. AGE: 63 Years 7 Months 4 Days ✓ If less than one day hr. ✓ min. ✓

9. Birthplace Pleasant Green Mo  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Charley Wright

13. Birthplace Pleasant Green Mo  
(City, town or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Jim Jones

(b) Address Pleasant Green Mo

17. (a) Burial (b) Date thereof 1-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Green Mo

18. (a) Signature of funeral director John G. Barber

(b) Address Plot Grove Mo

19. (a) 1-27-47 (b) Nellie Thellett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1947 hour 10 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_  
No attendance

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound head.

Due to Self inflicted

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 164  
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) suicide

(b) Date of occurrence Jan 19 - 1947

(c) Where did injury occur? Pleasant Green Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? \_\_\_\_\_ (Specify type of place) Gunshot  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. DeGraeger (M. D. or other) M.D.

Address Boonville Mo Date signed 1/21/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-15-47

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 Myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Rayton E. Mayo  
Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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.