. S. No. 2
OM—5-43
ev. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 104

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4176

State File No. 4463

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 209 W. Howard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Malden
(If outside city or town limits, write "RURAL")

(d) Street No. 209 W. Howard
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Mitchell Wright

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Retta Wright

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 7 (Day) 1869 (Year)

8. AGE: Years 77 Months 9 Days 25 If less than one day -- hr. -- min.

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

10. Usual occupation Minister

11. Industry or business Retired

FATHER
12. Name James W. Wright
13. Birthplace Simpson Co. (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Martha Benton
15. Birthplace Vyra (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Retta Wright
(b) Address Malden, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Cemetery

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Missouri

19. (a) 2-4-46 (Date received local registrar) (b) J. L. Schaiman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1947 hour 12 minute 50 A M.

21. I hereby certify that I attended the deceased from 1/16 - 1947 to 2-2 1947 that I last saw him alive on 2-2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Mydocarditis — and angiot attack which set in 1/14/47

Due to

Due to

Other conditions
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature S. Carlton (M. D. or other) DB

Address Malden Date signed 2/4/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 241-228
Date Filed 2-11-47

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J. E. Scharman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.