

FILED APR 17 1947

State File No. 14645
Registrar's No. 86

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sam William Wright

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fannie B. Wright 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 21 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 9 hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Johnson Wright
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Jane Tremble
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph M. Wright
(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 4/1/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo

19. (a) Apr 5-47 (b) W. H. Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Darksville
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1947 hour 8:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 1
97 to March 30 1947
that I last saw him alive on March 29 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobes R Duration 3 d

Due to 108

Due to Ch Myocarditis 3 yrs
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 W. H. Sullivan (M. D. or other) _____
Address Moberly Date signed 3/24/47

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

RECEIVED
District Health Officer No. 10
District File Number 447-742
Date Filed APR 15 1947

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.