

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19990

State File No. _____

Registration District No. 378

Primary Registration District No. 6286

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Rural Wood Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 43 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
 (c) City or town Rural Wood Twp 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Abraham Wright
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1947 hour 15:15 minute A. M.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Ruby M. Wright
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased July 26 1888
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov 1st 1945 to 5/22-47
 that I last saw him alive on 4-25-47
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>9</u>	<u>26</u>	hr. _____ min.

Immediate cause of death
Coronary occlusion Duration 1 week
Coronary sclerosis
 Due to _____
 Due to _____

9. Birthplace Montrose Kansas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 94A
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name George C. Wright
 13. Birthplace Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Irena J. Anson
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruby M. Wright
 (b) Address Mountains Grove, Mo
 17. (a) Removal (b) Date thereof May 24 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Montrose, Kansas
 18. (a) Signature of funeral director Gene E. Halden
 (b) Address Hartsville, Mo.
 19. (a) 5-23-47 (b) A. B. Ames
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature A. G. Franke (M. D. or other)
Mountains Grove, Mo Date signed 5/23/47

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

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..... *Gene E Haldren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, 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.