

No. 2
12-45
17-39
X47070

FILED OCT 2 1947
Registration District No. **2-278**

Primary Registration District No. **5808**

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town High Hill Mo
(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 20 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery 70

(c) City or town High Hill Mo
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eugene Wright

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Cora Anderson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 24 th 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days _____ If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 th year 1947 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 24 1947 to Sept 24 1947; that I last saw h. alive on Sept 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis Duration 2 hrs.

Due to Chronic Myocarditis ?

Due to _____

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? No

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature James O. Helu (M. D. or other) _____
Address New Florence Mo. Date signed 9-29-47

MOTHER FATHER {

12. Name John W. Wright

13. Birthplace No (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Sultana Hubbard

15. Birthplace Big Spring Mo (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Lloyd Wright

(b) Address High Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant High H.

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

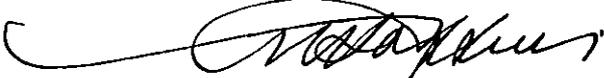
19. (a) Sept. 29-47 (Date received local registrar) (b) Miss May Miller (Registrar's signature) 2016

Date Filed 9-30-47
District File Number

District Health Officer No. 9,
RECEIVED

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, on the 24 th
day of Sept 1947
....., Registered Apprentice No.
working under my personal supervision.


Signed C. V. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.