. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH,
STANDARD CERTIFICATE OF DEATH

40988
State File No.

FILED JAN 5 1948

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1517

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 906 Pacific St. (home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 906 Pacific St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GEORGE H. WRIGHT
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louisa
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: June (Month) 18, (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace: Gentry County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired contractor
11. Industry or business: None
FATHER
12. Name: Peter Wright
13. Birthplace: Albany, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Sarah Peacock
15. Birthplace: Cincinatti, (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs. Louisa Wright (wife)
(b) Address: 906 Pacific St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/26/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: [signature]
(b) Address: 6054 Pryor Ave., City
19. (a) 12-29-47 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature) 583

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23, year 1947 hour 4 minute :15 P. M.

21. I hereby certify that I attended the deceased from July 15, 1947 to Dec. 23, 1947, that I last saw him alive on Dec 23, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	1 hr.
Due to: myocardial weakness	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: no	
Of autopsy:	

PHYSICIAN — Underline the cause of 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: Wm Leathlean M.D. (M. D. or other)
Address: St. Joseph Mo Date signed: 12/26/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 3 - 1949

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 Roland D. Clark Registered Apprentice No. 503 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.