

No. 2  
-1/47  
5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED DEC 22 1947  
Registration District No. ....

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File # 40990  
Registrar's No. 1466

Primary Registration District No. 1000

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

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..... Grace Boarding Home  
1422 Prospect Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 1 month  
1 month (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County..... Chariton 2/  
(c) City or town..... Keytesville 0  
(If outside city or town limits, write "RURAL")  
(d) Street No..... Keytesville, Mo. 0  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

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

4. Sex..... Male  
5. Color or race..... White  
6. (a) Single, widowed, married, divorced..... Widowed  
6. (b) Name of husband or wife..... Elizabeth Wright  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... December 17 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 11 22 hr. min.

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

10. Usual occupation..... Retired ?

11. Industry or business..... Retired

12. Name..... W. C. Wright

13. Birthplace..... Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Burgher

15. Birthplace..... Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Joe H. Wright  
(b) Address..... Hopkins, Mo.

17. (a) Removal..... Keytesville, Mo.  
(Burial, cremation, or removal) (b) Date thereof..... 12/11/47  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Keytesville, Mo.

18. (a) Signature of funeral director..... Heator Boardman  
(b) Address..... St. Joseph, Mo.

19. (a) 12-13-47 (b) K. E. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 9  
year..... 1947 hour..... 8 minute..... 30 AM  
21. I hereby certify that I attended the deceased from..... 11  
that I last saw him alive on..... 12-4-1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cor. myocarditis 2 mo  
Gen. arteriosclerosis  
Senility

Due to.....

Due to.....

Other conditions..... Recent Retinal  
(Include pregnancy within 3 months of death)  
hemorrhage

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
2 mo  
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..... M. E. ... (M. D. ...)  
Address..... St. Joseph, Mo. Date signed..... 12/11/47

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.....

*William Spalding*..... Registered Apprentice No. *28*  
working under my personal supervision.

Signed..... *Eugene Wood*  
Licensed Embalmer No. *3804*

P. O. Address. *319 5010th 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.