

FILED MAR 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3907

Registration District No. 27

Primary Registration District No. 3015

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(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 De Witt Wright

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lila
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased March 14 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

MOTHER FATHER { 11. Industry or business _____
12. Name Robert L. Wright
13. Birthplace Rockingham Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Roller
15. Birthplace Rockingham Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lila Wright
(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof I-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Creath & Lin

(b) Address Adrian Mo.

19. (a) 1-26-48 (b) Penall/Kersey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25
year 1948 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 20
1948 to Jan 25 1948
that I last saw him alive on Jan 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Shock and Sepsis
Due to Carcinoma Colon

Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Carcinoma Sigmoid
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature E. G. Robinson (M. D. or other) _____
Address Adrian Mo. Date signed 1-26-48

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

RECEIVED

District Health Officer No. 7,

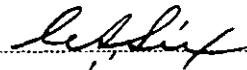
District File Number 2-48-193

Date Filed 3-8-42

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.....

Fred T. Creath 3343....., Registered Apprentice No.
working under my personal supervision.

Signed..... 

Licensed Embalmer No. 3650

P. O. Address Adrian 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.