

FILED JUL 26 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **579**

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Webster**

(c) City or town **Diggins**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Marvin Leroy Wright**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **Infant**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **7/12/148**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1948** hour **1:26AM** minute _____ M.

21. I hereby certify that I attended the deceased from **July 12**, 19**48**, to **July 14**, 19**48**, that I last saw him alive on **July 14**, 19**48**, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death **Atelctasis, pulmonary**

Due to **aspiration of fluid at birth**

Due to **and prematurity 32 wks.**

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Fordland, Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER { 12. Name **Geo Wright**

13. Birthplace **Arva Mo** (City, town, or county) (State or foreign country)

14. Maiden name **Thelma Hargrave**

15. Birthplace **Sumner Mo** (City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: **159**

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Geo Wright (Father)**

(b) Address **Diggins Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7 15 48** (Month) (Day) (Year)

(c) Place: burial or cremation **Center Cemetery**

18. (a) Signature of funeral director **Helly Donnell, Bergman**

(b) Address **Bergman Mo**

19. (a) **7-19-48** (Date received local registrar) (b) **McHenry** (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 **OV**

23. Signature **H. Hoover** (M. D. of _____)

Address **Springfield Mo** Date signed **7/14/48**

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 *J. H. Talley*.....

Licensed Embalmer No. *3354*.....

P. O. Address *Fordland MD*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.