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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1948

Registration District No. 39

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29153

Primary Registration District No. 4094

Registrar's No. 173

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Garden City, Missouri
(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 (years, months or days): 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass

(c) City or town: Garden City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.: No Number
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: John Sonter 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: —

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

7. Birth date of deceased: 8 (Month) 23 (Day) 1874 (Year)

8. AGE: Years 74 Months 1 Days 10 If less than one day hr. min.

9. Birthplace: Index Index Township, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Plumber & farmer

11. Industry or business:

MOTHER FATHER

12. Name: John D. Wright

13. Birthplace: Scotland
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Tough

15. Birthplace: Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ida Fritz

(b) Address: Garden City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 5 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Garden City Cemetery

18. (a) Signature of funeral director: Atkinson Bros

(b) Address: Garden City, Missouri

19. (a) Oct. 5, 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3 year 1948 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from June 19 1948 to Oct 1948, that I last saw him alive on 1st Oct 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Prostate

Due to:

Due to:

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

Major findings: 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: Edward S. Jones M.D. (M. D. or other)

Address: Harrisonville, Mo Date signed: 10-5-48

(Licensed Embalmer's Statement on Reverse Side)

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 Bill Dickey, Registered Apprentice No. 254 working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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

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