

No. 300
M-10-47
1-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32423

State File No. _____

FILED NOV 12 1948

Registration District No. 8

Primary Registration District No. 3017

Registrar's No. 157

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

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution: Alex Vanravensway Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME ERNEST WRIGHT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Wright

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 4 (Month) 11 (Day) 1865 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Public

12. Name No record 9

13. Birthplace No record 1

14. Maiden name No record 9

15. Birthplace No record 9

16. (a) Informant Elizabeth Wright (Wife)

(b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11/5/48
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Jaycee E. Richard

(b) Address Tipton, Mo.

19. (a) 11-5-48 (Date received local registrar)

(b) [Signature] (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 48

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 1st
year 1948 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 26, 1948 to Nov 1, 1948;

that I last saw him alive on Oct 31, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death myocardial

Due to insufficiency of the heart, hypertension

Due to _____

Other conditions old age, periphigros
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 830

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? 0 (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address 514 4th Street Date signed 11/48
Boonville Mo

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

Health Officer No. 8,

District File Number.....

Date Filed 11-10-49

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 James E. Richards

Licensed Embalmer No. 2466

P. O. Address... Lepton, 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.