

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33124**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1163

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>49 years</u>		d. STREET ADDRESS (If rural, give location) <u>2816 S. 24th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2816 S. 24th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>George</u>	
		c. (Last) <u>Wright</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>October 24, 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25, 1870</u>
9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. & Q. Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>A. G. Wright.</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Reed</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Wright</u>		ADDRESS <u>St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ChA Myo carditis</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis</u>	
		DUE TO (c) <u>Hypo static Pneumonia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug</u> , 19 <u>49</u> , to <u>Oct 24, 1949</u> , that I last saw the deceased alive on <u>Oct 23, 1949</u> , and that death occurred at <u>6:25 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. E. Grimes</u>		23b. ADDRESS <u>M.D. St Joseph Mo</u>	
		23c. DATE SIGNED <u>10.24.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Oct 25, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Hatter Millerhoffer</u>	
		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

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*****

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Raymond H. Morehead
Licensed Embalmer No. 4413, Missouri.

P. O. Address St. Joseph, Missouri.

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.