No. 300
10-48

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38160

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 94

78
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Kemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville
c. LENGTH OF STAY (in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 18th St. rear

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Kemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caruthersville 78
d. STREET ADDRESS (If rural, give location) 18th rear

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) A
c. (Last) Wright

4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1949

5. SEX Male
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9-4-1884
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months 2 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister
10b. KIND OF BUSINESS OR INDUSTRY Baptist Church
11. BIRTHPLACE (State or foreign country) Hernando, Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe Wright
13b. MOTHER'S MAIDEN NAME Alice Merrill
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Ashley Shannon — ADDRESS Cville, Mo.

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) Lobar Pneumonia - rt upper lobe — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 490X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1949, *to* Nov. 24, 1949, *that I last saw the deceased alive on* Nov. 24, 1949, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE J. W. Lockwood (Degree or title)
23b. ADDRESS Caruthersville Mo
23c. DATE SIGNED 11/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-27-49
24c. NAME OF CEMETERY OR CREMATORY Morgan Ridge
24d. LOCATION (City, town, or county) Caruthersville (State) Mo

DATE REC'D BY LOCAL REG. Nov 30, 1949
REGISTRAR'S SIGNATURE Tressie B. Weeks
25. FUNERAL DIRECTOR'S SIGNATURE J. J. Smith — ADDRESS Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

12-49-348

NOV 30 REC'D

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, Mo.

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

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