

# FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

FILED VS DEC 28 1959

59 0 4 3 6 1 2

STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5204 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Carroll<sup>1</sup></u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Carroll</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bosworth Rockford</u>		Length of stay in 1b <u>19yrs.</u>		c. CITY OR TOWN <u>Bosworth MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3<sup>1/2</sup> n.E. Bosworth</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Elmer</u> First <u>Kimball</u> Middle <u>Wright</u> Last				4. DATE OF DEATH Dec <u>19</u> Day <u>1959</u> Year					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 12 1906</u>		9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Miami Station</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis Payton Wright</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Jeanetta Kimbel</u>			14. NAME OF HUSBAND OR WIFE <u>Mildred Wright</u>			
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no or unknown) (If yes, give war or dates of service) <u>N</u>			16. SOCIAL SECURITY NO. <u>490-42-7470</u>		17. INFORMANT Address <u>Mrs. Elmer K. Wright Bosworth MO.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with myocardial infarction</u>									
DUE TO (c) <u>arteriosclerosis</u>									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>12-19-58</u> to <u>12-19-59</u> and last saw <sup>him</sup> <u>him</u> alive on <u>12-19-59</u> Death occurred at <u>10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Norman P. Hansen D.O.</u>				22b. ADDRESS <u>Hale, Mo.</u>				22c. DATE SIGNED <u>12-22-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		23d. LOCATION (City, town, or county) <u>1 M. North DeWitt MO</u>		(State)		
24. FUNERAL DIRECTOR ADDRESS <u>Leipard-Edwards Bosworth Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 24-1959</u>		26. REGISTRAR'S SIGNATURE <u>Pearl Koch</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed David J. Edward

Licensed Embalmer No. 3265

P. O. Address Bosworth V

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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