

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

3794
Do not use this space.

1. PLACE OF DEATH
 (a) County Platte Registration District No. 698
 (b) Township Weston Primary Registration District No. 4420 Registered No. _____
 (c) City Weston (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rufus Henry Wright
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvira

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>49</u>	<u>1</u>	<u>4</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo
 13. NAME John W. Wright
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Mo

MOTHER
 15. MAIDEN NAME Bessie Morris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Ky

17. INFORMANT (ADDRESS) Mrs. Elvira Wright Weston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Bethel Cem. DATE 1/9 1938

19. FUNERAL DIRECTOR (ADDRESS) Yeaton Ralph & Bowman 319 So 10th St Weston Mo

20. FILED 1/8/38 g. J. Stahl Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to Jan 7 1938. I last saw him alive on Jan 7 1938. Death is said to have occurred on the date stated above, at 12:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Labor pneumonia Date of onset 1/1/38
Acute myocarditis 1/7/38

Other contributory causes of importance: ICD

Name of operation _____ Date of _____
 What test confirmed diagnosis Biological Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) R J Gelling M.D.
 (Address) Weston

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself 1/7/38

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. E. Summerfield
Licensed Embalmer No. 3007

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.)