

REC'D JUN 19 1939

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

17866  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4  
(b) Township Kirkville Primary Registration District No. 3001 Registered No. 119  
(c) City Kirkville (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 yes yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 116 E. Elm 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 married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl A Wright  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1911  
7. AGE YEARS 62 MONTHS 4 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. salesman  
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 \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ammonville Mo

13. NAME Francis Wright 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk 9

15. MAIDEN NAME Rachel Ward 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT (ADDRESS) Mrs. E. Wright 116 E. Elm  
18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 5-12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Summers & Linnch 116 E. Elm Kirkville Mo  
20. FILED May 13, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10 1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept. 38, 1938, to May 10, 1939  
I last saw him alive on May 10, 1939 Death is said to have occurred on the date stated above, at 11:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset May 2, 1939  
Chronic myocarditis  
Partial thrombosis of cavernous sept. sinuses - bilateral. 1938  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis clinical 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. U  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
(Signed) Spencer L. Freeman M. D. (Address) Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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2

2

4

3001

119

Jan 6 - 1911

62 4 4

salesman

Ammonville Mo

Francis Wright

unk 9

Rachel Ward

unk

Mrs. E. Wright  
116 E. Elm

Highland Park DATE 5-12 1939

Summers & Linnch  
116 E. Elm Kirkville Mo

May 13, 1939 Spencer L. Freeman  
Local Registrar.

Coronary thrombosis Date of onset May 2, 1939

Chronic myocarditis  
Partial thrombosis of cavernous sept. sinuses - bilateral. 1938

none Date of \_\_\_\_\_  
clinical 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. U  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
(Signed) Spencer L. Freeman M. D. (Address) Kirkville, Mo.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-1123

Date Filed JUN 15 1952

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

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**