WHITE 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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REC'D JUL 6 1939

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

21638

Do not use this space.

1. PLACE OF DEATH
   (a) County Buchanan — Registration District No. 83
   (b) Township Crawford — Primary Registration District No. 5124 — Registered No.
   or
   (c) City — (d) Street No. Wallace Mo. St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (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 Issac R. Wright
   (a) Residence, No. Wallace, Mo. St.
   (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Nancy E. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 29th 1869

7. AGE: Years 69 — Months 11 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired.
9. Industry or business in which work was done, as saw mill, bank, etc.: G. I. Railroad
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): Kirksville, Mo.

FATHER
13. NAME: I. Wright.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirksville Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Nancy E. Wright Wallace, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Kirksville, Mo DATE: June 19th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Fleeman & Son, Inc. 1946 Calhoun St. Joseph, Mo

20. FILED 6-20- 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to June 15, 1939
I last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1937

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Other contributory causes of importance: none

Name of operation: none Date of: none
What test confirmed diagnosis? Examination 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. Felling D.O. ~~M.D.~~
83 (Address) Nestor Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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

If this body is not embalmed, above space should be left blank.