

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.

109
20

NOV 24 1939

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

37484
Do not use this space.

1. PLACE OF DEATH

(a) County Warren Registration District No. 2

(b) Township CAMP BRANCH Primary Registration District No. 6175

(c) City WARRENTON (d) Street No. 43-34

(e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. PRINT FULL NAME Larry Wright

(a) Residence, No. Warrenton, Mo. St. (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) SINGLE (BABY)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ---

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) WARRENTON WARREN Co., MISSOURI

FATHER 13. NAME JOHN ROBERT WRIGHT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mincola, Montgomery Co., Mo.

MOTHER 15. MAIDEN NAME Mabel May STEVENS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Missouri

17. INFORMANT (ADDRESS) Robert Wright, Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Central GROVE DATE Oct. 16, 1939

Warren, County Ray Means

19. FUNERAL DIRECTOR (ADDRESS) Fonesburg, Mo.

20. FILED Oct. 16, 1939 A. W. Chealey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1939, to Oct. 16, 1939

I last saw him alive on Oct. 16, 1939. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Respiratory) Date of onset 10/14/39

Other contributory causes of importance: 12 hr

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Ray B. Belloran, M. D.

(Address) Warrenton, Mo.

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Body was not
embalmed; L. E. having been buried few hours after de

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

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.)