DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40098

Registration District No. 467 Primary Registration District No. 4280 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Lawrence 2

(b) City or town Aurora (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 902 Griffith Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Lawrence

(c) City or town 902 Griffith Ave (If outside city or town limits, write "RURAL")

(d) Street No. Aurora Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William B Wright 6 23

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Wright

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 12 (Day) 1879 (Year)

8. AGE: Years 60 Months 7 Days 10 If less than one day hr. min.

9. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Thomas Wright

13. Birthplace Tennessee (City, town, or county) (State or foreign country)

14. Maiden name Francis Bird

15. Birthplace Stone County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Addie Wright

(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/39 (Month) (Day) (Year)

(c) Place: burial or cremation Wright Cemetery

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo. 4/8

19. (a) 12/1/39 (Date received local registrar) (b) R. D. Cowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1939 hour 4 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct 18, 1939, to Nov 18, 1939; that I last saw him alive on Nov 18, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 6 Wks

Due to Urinary retention due to stricture of urethra

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Dissection of urinary bladder

Of autopsy urinary retention

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. D. Cowan (M. D. or other) MD

Address Aurora, Mo Date signed 11/30/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Herman Purrid

Licensed Embalmer No. 3072

P. O. Address Aurora Mo

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

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