

Registration District No. 498

Primary Registration District No. 4301

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Linn  
 (b) City or town Bucklin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 58 yrs years, months or days

3. (a) PRINT FULL NAME Henry L. Wright 673

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cynthia Wright 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 19 (Month) 1882 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Bucklin Mo (City, town, or county) (State or foreign country) 6

10. Usual occupation Laborer 1

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hira Wright 1

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

14. Maiden name Martha Bone

15. Birthplace Wisconsin (City, town, or county) (State or foreign country)

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

(b) Address Bosworth Mo

17. (a) Burial (b) Date thereof June 2 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Ceme. Bucklin Mo.

18. (a) Signature of funeral director John D. Burk

(b) Address Marceline Mo.

19. (a) June 2-1940 (b) J. Stewart (Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn  
 (c) City or town Bucklin Mo. (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day May year \_\_\_\_\_ hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from Mar 14, 1940 to May 31, 1940, that I last saw him alive on May 31 11 P.M., 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Stewart (M. D. or other) \_\_\_\_\_

Address Bucklin Mo Date signed 6-2-40

WHILE FATHER CASE INVADING BLACK INK—MAKE 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.

District File Number 740-967  
Date Filed JUN 26 1940

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 D. Buck*

Licensed Embalmer No..... 3805

P. O. Address *Marceline Mo.*

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.