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X26390

FILLED SEP 10 1941
Registration District No. _____

Primary Registration District No. **3004**

Registrar's No. **68**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Bates**
 (b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
West Ohio St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME **AMOS JAY BRIGHT**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Mrs Elizabeth Bright** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 9 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **6** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Levanston, Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Taxi operator**

11. Industry or business _____

MOTHER FATHER
 { **12. Name** **Amos Bright**
 { **13. Birthplace** **Ohio**
(City, town, or county) (State or foreign country)
 { **14. Maiden name** **Mary White**
 { **15. Birthplace** **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Bright**
 (b) Address **Butler, Mo.**

17. (a) **burial** (b) Date thereof **Sept. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Our Hill**

18. (a) Signature of funeral director **Charles**
 (b) Address **Butler, Mo.**

19. (a) **Sept 1, 1941** (b) **Thma L Culver**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Bates**
 (c) City or town **Butler**
(If outside city or town limits, write "RURAL")
 (d) Street No. **West Ohio St.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **30th** year **1941** hour **10** minute **PM**
21. I hereby certify that I attended the deceased from **Jan 1931**
 _____ 19____, to **Aug 30 1941**
 _____ 19____, and that death occurred on the date and hour stated above.
 that I last saw him alive on **3pm 8-30-1941**

Immediate cause of death **Acute Coronary thrombosis**

Due to _____
 Due to **94a**
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations _____
 Of autopsy _____

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?
(Specify type of place)

While at work? _____ (Specify type of place) (g) Means of injury _____
23. Signature **H. S. LaHue** (M. D. or other) **MD**
 Address **Butler, Mo.** Date signed **8-31-41**

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1614

Date Filed 9-9-41

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.....

R. Stanton Lisle

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

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

If this body is not embalmed, fact should be so stated above.