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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35119

Registration District No. 3179 Primary Registration District No. 5529 Registrar's No.

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural Chariton Twp (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 ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town Rural 045 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME MELVIN WAYNE WRIGHT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased October (Month) 27 (Day), 1941 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 14 hr. min.

9. Birthplace Glasgow (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Ernest Franklin Wright
13. Birthplace Fayette (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary E. Cunningham
15. Birthplace Knobnoster (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ernest F. Wright

(b) Address Glasgow, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hackley Cem.

18. (a) Signature of funeral director K. P. McCrary

(b) Address Glasgow, Mo.

19. (a) 10-27-41 (Date received local registrar) (b) J. M. Gardner Mo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9:20 AM Oct 27, 1941, to 9:30 PM - 10-27, 1941; that I last saw h. 1 M. alive on 10-27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death asphix	
Due to congenital malformation Cardio Respiratory system	14 hr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

157 B

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury ✓

23. Signature Dr. A. Mod Rain (M. D. or other) D.O.

Address Glasgow Mo. Date signed 10-28-41

(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 Noh Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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

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

District Health Officer No. 8

Date Filed 11-10-41