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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 907

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8196

State File No.

Primary Registration District No. 4548

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mansfield Tun
(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 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Mansfield 0
(If outside city or town limits write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Henry F. Wright

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased May 12 (Month) (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	9	hr. min.

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

10. Usual occupation Telegraph Operator Retired

11. Industry or business Rail Road

FATHER
12. Name Morgan Wright
13. Birthplace Lowrey City (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Holt
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Grace Williams
(b) Address Mansfield Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro Ark.

18. (a) Signature of funeral director F. A. Stiffe
(b) Address Mansfield Mo.

19. (a) 3-7-1942 (Date received local registrar) (b) J. M. D. Short (Registrar's signature)

By Ruth Short - Deputy (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 1-1941, 19__, to Feb 21, 1942
that I last saw him alive on Feb 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Duration Twenty years

Due to

Due to

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 2

23. Signature [illegible] (M. D. or other) D.O.
Address Mansfield Date signed 4/22/42

RECEIVED
District Health Officer No. 6,
District File Number 342-290
Date Filed MAR 10 1942

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.