

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 403 E 6TH 0 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 yrs. (Specify whether years, months or days)  
In this community 36 yrs.

3. (a) PRINT FULL NAME WILLIAM WRIGHT.

3. (b) If veteran, name was none 3. (c) Social Security No. none

4. Sex Male 5. Color or white 6. (a) Single, widowed, married, 2 divorced WID.  
6. (b) Name of husband or wife Catherine Wright 6. (c) Age of husband or wife if alive Decem 26 1858  
7. Birth date of deceased June 26 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Belroy-1 Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Jas. W Wright  
13. Birthplace Unknown Ind. (City, town, or county) (State or foreign country)  
14. Maiden name Martha F. Williams  
15. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)

16. (a) Informant M. G. Wright  
(b) Address Sedalia Mo  
17. (a) Removal (b) Date thereof 5/27/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill  
18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg Mo  
19. (a) 5/27/42 (b) Martha Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80  
(c) City or town Sedalia 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 403 E 6TH (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1942 hour 11:00 minute M.

21. I hereby certify that I attended the deceased from May 27 1942 to May 27 1942  
that I last saw him alive on May 27 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration  
Due to Senility

Due to  
Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations  
Of autopsy none 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?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature W. J. Bishop (M. D. or other)  
Address Sedalia Mo Date signed 5-27-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-42

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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.....

Earl Priest, Registered Apprentice No.....  
working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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, fact should be so stated above.