

FILED AUG 11 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 252

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Seaside
(c) Name of hospital or institution: O. Bodwell Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community live birth
years, months or days)

3. (a) PRINT FULL NAME Byron Wright

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex MO 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 20 years (Month) 3 (Day) 20 (Year) 1918

7. Birth date of deceased (Month) 3 (Day) 20 (Year) 1918

8. AGE: Years 27 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Lincoln (City, town, or county) MO (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Wm. E. Wright

13. Birthplace Polk, Mo. (City, town, or county) MO (State or foreign country)

14. Maiden name Elizabeth Dixon

15. Birthplace Polk, Mo. (City, town, or county) MO (State or foreign country)

16. (a) Informant J. E. Wright

(b) Address Lincoln Mo

17. (a) (b) Date thereof July 14 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Mo.

18. (a) Signature of funeral director J. B. Calbert

(b) Address Lincoln Mo

19. (a) July 14 1942 (b) Wm. Anna Berger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Lincoln
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1942 hour 6:15 minute 0 M.

21. I hereby certify that I attended the deceased from 7/4, 1942 to 7/12, 1942
that I last saw him alive on 7/4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death abscess liver Duration 3 wks

Due to imperfect Bed Sores 4 wks

Due to paralysis of rectum spine

Other conditions (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) yes Accident

(b) Date of occurrence 1938

(c) Where did injury occur? New Mexico (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? industrial place mining

While at work? yes (Specify type of place) (e) Means of injury 1

23. Signature Dr. Ogden (M. D. or other)

Address Seaside Date signed 7/12/42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-7-42

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 me

me, Registered Apprentice No. _____

working under my personal supervision.

Signed

J. B. Calvert

Licensed Embalmer No. 2500

P. O. Address Lincoln, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25007

Registration District No. 668

Primary Registration District No. 303.2

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bothwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community since birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Byron Wright

3. (b) If veteran,

name war no

3. (c) Social Security

No. 2w

4. Sex

m

5. Color or

race w

6. (a) Single, widowed, married,

divorced s

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive 20 years

7. Birth date of deceased

mar
(Month)

20
(Day)

1944
(Year)

8. AGE:

Years

27

Months

3

Days

23

(If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month July day 12

year 1944

hour

minute

M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on July 11, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

abscess

liver

Duration

3 wks

Due to

infected Red sore

4 yrs

Due to

paralysis of injured spine

Other conditions

(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)

accident

(b) Date of occurrence

1938

(c) Where did injury occur?

St. Louis

(City or town)

Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

mining office Industrial

While at work?

yes (Specify type of place)

(e) Means of injury

fall

23. Signature

Dr. J. H. Jones (M. D. or other)

Address

Sedalia, Mo. Date signed 9/14/44

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

SUPPLEMENTARY

