

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25071

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

5983

798 80

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Rural (Cullen Township)  
(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 2 Days  
years, months or days)

3. (a) PRINT FULL NAME William Wingman Wright

3. (b) If veteran, name war World War #1 3. (c) Social Security No.

4. Sex Male 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 May 21 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 2 11 hr. min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Life Ins. Company.

12. Name John W. Wright

13. Birthplace Bellville, Ont. Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Redier

15. Birthplace Wisc.  
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence W. Wright

(b) Address 912 DeMun St. St. Louis, Mo.

17. (a) Removal (b) Date thereof 8/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director J. L. Hoops & Sons.

(b) Address Crocker, Missouri.

19. (a) 8-8-1942 (b) Chas M. DODD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3516 Victor St.  
(If rural, give location)  
(e) Citizen of foreign country? YESX No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from  
19 to 19  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Arteriosclerosis  
Due to

Other conditions 940  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.

Underline the cause to which death should be charged statistically.  
Coronary artery  
filled with blood

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(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? (b) Means of injury  
23. Signature E. M. DODD (a) or other  
Address Crocker Mo Date signed 8-2-42

RECEIVED

Pulaski County Health Officer

File Number 842-169

Date Filed 8/13/42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Paul B. Hooper*

Licensed Embalmer No. 3261

P. O. Address. Waynesville, 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.