DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1942

Registration District No. 184

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-6-6-8 4057

State File No. 30770

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 Mo (b) County Chariton

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Harold Eugene Wright

3. (b) If veteran, name war —

3. (c) Social Security No. 488-22-7064

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 Mar (Month) 12 (Day) 1924 (Year)

8. AGE: Years 18 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Linn Co (City, town, or county) Mo O (State or foreign country)

10. Usual occupation extra Gang Laborer

11. Industry or business Santa Fe R. R.

FATHER
12. Name Joseph B Wright
13. Birthplace Chariton Co (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Hallie Kintner
15. Birthplace Chariton Co (City, town, or county) Mo O (State or foreign country)

16. (a) Informant's own signature Kenneth L Wright
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 9-16-1942 (Date received local registrar) (b) H N Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Called As Coroner, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

~~Due to~~ Crushed Chest
Auto Accident

Due to Car Crashed into tree on a curve.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170 C-6
Of autopsy 27

Duration

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 058
(b) Date of occurrence Sept. 13-1942
(c) Where did injury occur Marceline (City or town) Linn (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? North Kansas ave. Marceline Mo
(Specify type of place)
While at work? (e) Means of injury

23. Signature Dale Bunch (M. D. or other) Coroner
Address Marceline Mo Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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.....

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

working under my personal supervision.

Signed Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marceline 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.