

FILED NOV 6 1942
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 324

14
-
2

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

1. PLACE OF DEATH: Callaway
 (a) County _____
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 54 7m 10d
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Celous Wright
 3. (b) If veteran, name war D.K.
 3. (c) Social Security No. D.K.

4. Sex M O 5. Color or race W 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 5/2
 (Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days _____ If less than one day
 hr. _____ min. _____

9. Birthplace 5/2
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name D.K.
 13. Birthplace D.K. 9
 (City, town, or county) (State or foreign country)
 14. Maiden name D.K.
 15. Birthplace D.K. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Record
 (b) Address _____

17. (a) Removal (b) Date thereof 10 6 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Columbia mo

18. (a) Signature of funeral director G.O. Roberts
 (b) Address Columbia mo

19. (a) 10-6-1942 (b) Joie Morrisonhoff
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Boone 14
 (c) City or town Lubbock 2
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1942 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from 10/2/1942 to 10/3/1942
 that I last saw him alive on 10/3/1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia, bilateral

Duration _____
 Due to _____
 Due to 107
 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) _____
 (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 _____
 23. Signature George P. Reers (M. D. or other) M.D.
 Address Fulton Mo Date signed 10.3.42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.