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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

Registration District No. 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 40980

Registrar's No. 289

1. PLACE OF DEATH
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. San. & Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 6 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Rich Hill (If outside city or town limits, write "RURAL")
(d) Street No.: 1st & Pine sts (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Thomas Jenkins Wright
3. (b) If veteran, name war: None
3. (c) Social Security No.: 488-22-4230
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Laura Wright
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: April (Month) 12 (Day) 1876 (Year)

8. AGE: Years 66 Months 6 Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Marshall (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Dairy Farmer
11. Industry or business: Farm

FATHER
12. Name: Allen Wright
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Lavega Clark
15. Birthplace: Long Wood (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Mrs. A. C. Wright
(b) Address: Rich Hill Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Nov 3-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Rich Hill
18. (a) Signature of funeral director: Booth's Funeral Home
(b) Address: Rich Hill Mo.
19. (a) 11-3-1942 (Date received local registrar) (b) James W. Ross (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Oct.~~ November day ~~29~~ 3 year 1942 hour 8 minute 55 A. M.
21. I hereby certify that I attended the deceased from October 29, 1942 to Nov. 3, 1942 that I last saw h. alive on Nov. 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	6 days
Due to: Coronary Sclerosis	3
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Chas. F. Gritzner (M. D. or other)
Address: Independence Mo Date signed 11/3/42

(Licensed Embalmer's Statement on Reverse Side)

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.