

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7232

State File No.

Registrar's No. 61

FILED MAR 6 1943 74
Registration District No.

Primary Registration District No. 3052

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: 1
(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 Pettis
(c) City or town Sedalia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 621 9th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME ALFORD WRIGHT

3. (b) If veteran, name war: _____ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race 2 Negro 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 Unknown 1872 (Month) (Day) (Year)

8. AGE: Years Unknown Months 12 Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Unknown WILLIAM WRIGHT
13. Birthplace Unknown BENTON, MO
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ELLEN
15. Birthplace Unknown BENTON, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Scroggins
(b) Address Sedalia
17. (a) Sedalia Mo (b) Date thereof Feb 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. K. Ferguson
(b) Address Sedalia
19. (a) Feb 22 - 43 (b) mo Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1943 hour _____ minute 2 P M.

21. I hereby certify that I attended the deceased from Feb 1 - 43
_____, 19____ to Feb 16, 19____
that I last saw him alive on Feb 15, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
decompensation 2 wk

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) _____
(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 W. W. Wright (M. D. or other)
Address 118 1/2 W. Main St Sedalia Date signed 2/23/43

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

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 F. X. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.