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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17732

State File No.

Registration District No. 98 Primary Registration District No. 4159 Registrar's No. 61

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Pattonsburg
(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 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Daviess 31 2

(c) City or town Pattonsburg mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John William Wright

3. (b) If veteran name war ✓

3. (c) Social Security No. ✓

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Frances Wright (Dec'd)

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 15 (Day) 1855 (Year)

8. AGE: Years 88 Months 2 Days 9 If less than one day hr. min.

9. Birthplace De Kalb Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name Wm A Wright
13. Birthplace (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name Rachael
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant mrs myrtle wells
(b) Address Pattonsburg mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Civil Bend

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg mo

19. (a) 5-24-1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1943 hour 10:15 minute A M.

21. I hereby certify that I attended the deceased from Feb. — 43, 19, to May 24, 1943 that I last saw him alive on May 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of Liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

46 f

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?
(Specify type of place)
While at work (e) Means of injury

23. Signature John Lamer (M. D. or other)
Address Pattonsburg mo Date signed 5/24/43

1084

(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. G S Gromer

Licensed Embalmer No. 2657

P. O. Address. Patonsburg 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.