

FILED SEP 13 1943

Registration District No. 99

Primary Registration District No. 4170

Registrar's No. 138

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

32
90

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Union Star Mo.
(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 DeKalb

(c) City or town Union Star Mo.
(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 _____

3. (a) PRINT FULL NAME FRANK N. 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 1
divorced, married

6. (b) Name of husband or wife Kathryn Wright 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 3 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 3 14 hr. min.

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

10. Usual occupation _____

11. Industry or business Retired Farmer

12. Name Christopher Wright

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Newman

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kathryn Wright

(b) Address Union Star Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 19 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. (a) 8-21-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1943 hour 15 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 1943 to August 17 1943
2 1943, to August 17 1943

that I last saw him alive on August 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy None

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) Means of injury 97

23. Signature William E. Rockwood (M.D. or other) No

Address Union Star Mo Date signed 8/18/43

Duration 7 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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..... *Lucile M. Wilson*

Licensed Embalmer No..... *2830*

P. O. Address..... *King City, 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.