

FILED NOV 12 1943

Registration District No. 757

Primary Registration District No. 3028

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
124 No. Garrison Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 124 No. Garrison Avw.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Robert Lindsey Wright

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Kathrine Bottenfield 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 21 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 27 If less than one day
hr. min.

9. Birthplace Woodsfield Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation farmer
retired

11. Industry or business

MOTHER FATHER { 12. Name Thomas Wright
13. Birthplace unknown 5
(City, town, or county) (State or foreign country)
14. Maiden name Myer
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Wright
(b) Address Rt 1, Carthage

17. (a) Burial (b) Date thereof Oct 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faskin Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) Oct. 20 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1943 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from Sept 25 1943 to Oct 18 1943
that I last saw him alive on Oct 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Due to

Due to 162 R

Other conditions 162 R
(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)
(c) Means of injury _____
23. Signature R. A. [Signature] (M. D. Registrar)
Address Carthage, Mo. Date signed Oct 18 '43

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

43-10-923

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 *Emma R. Knell*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.