DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21172

FILED JUL 1944

Registration District No. 1944 Primary Registration District No. 1000 Registrar's No. 646

1. PLACE OF DEATH:

(a) County Buchanan

(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months 19 days (Specify whether years, months or days)

In this community 5 months 19 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 11

(c) City ~~or town~~ Joplin (If outside city or town limits, write "RURAL") 1

(d) Street No. 609 Club Street. (If rural, give location) 1

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ALBERT WRIGHT.

3. (b) If veteran name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of ~~husband or~~ wife Effie Wright

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 39 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Fayetville (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Porter.

11. Industry or business Porter.

FATHER
12. Name Charles Wright
13. Birthplace Unknown (City, town, or county) 1 Arkansas (State or foreign country)

MOTHER
14. Maiden name Tana Rich
15. Birthplace Unknown (City, town, or county) 1 Arkansas (State or foreign country)

16. (a) Informant Mrs. Effie Wright

(b) Address 609 Club Street, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 20 (Day) 1944 (Year)

(c) Place: burial or cremation Jopland Mo.

18. (a) Signature of funeral director J. F. Ramsey

(b) Address 1602 Missouri St.

19. (a) 6/20/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 1-31-, 1944 to 6-20-, 1944. that I last saw him alive on 6-19-, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningo-encephalitis Syphilitica	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

30 f

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 J. H. Morrowey (M. D. ~~or other~~)

Address State Hospital No. 2. Date signed 6-20-44.

1377

(Licensed Embalmer's Statement on Reverse Side)

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

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

S. F. Ramsey, Registered Apprentice No.

working under my personal supervision.

Signed S. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messani

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.