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USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 20 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5744

Registrar's No. 40

1. PLACE OF DEATH:  
(a) County Chariton  
(b) City or town Wayland Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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)

3. (a) PRINT FULL NAME James Errett Wright  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Wright 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased September 29 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Chariton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Robert F. Wright  
13. Birthplace Macon County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Jane Naylor  
15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace M. Wright  
(b) Address Salisbury, Mo. RR#2

17. (a) burial (b) Date thereof 6/13/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old Prairie Hill

18. (a) Signature of funeral director Tom G. Patton  
(b) Address Huntsville, Mo

19. (a) 6/24/44 (b) R. G. Kelley  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Chariton 2/1  
(c) City or town Wayland Township  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11<sup>th</sup>  
year 1944 hour 5 minute 0 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ to \_\_\_\_\_  
that I last saw him called as coroner alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death accidental drowning Instant  
Due to Falling in well  
Due to \_\_\_\_\_  
Other conditions none 183-3  
(Include pregnancy within 3 months of death)  
Major findings: none 21  
Of operations: none 20  
Of autopsy: none 20  
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) accident 021  
(b) Date of occurrence June 11<sup>th</sup> 1944  
(c) Where did injury occur On his farm Chariton MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
About home on his farm  
While at work? yes (Specify type of place) \_\_\_\_\_  
(e) Means of injury drowning  
23. Signature Harry E. Statum (M. D. or other) coroner  
Address Brunswick MO Date signed 6/12/44

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

7-8-44

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 \_\_\_\_\_

*Tom B Patton*

Licensed Embalmer No. \_\_\_\_\_

3914

P. O. Address \_\_\_\_\_

*Huntsville*

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.