

FILED JUL 14 1944
Registration District No. 38

Primary Registration District No. 4575

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Milan
(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
In this community 63 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan 105
(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

Eddie S. Wright

3. (b) If veteran,

name war

3. (c) Social Security

No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1944 hour 8 minute 45 a. M.

21. I hereby certify that I attended the deceased from June 14, 1944 to July 14, 1944
that I last saw him alive on June 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Duration 6-10-44

Due to Hypertension

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(a) Signature of physician: E. J. Green (M.D. or other)
Address: Milan
Date signed: 6-14-44

23. Signature: E. J. Green (M.D. or other)
Address: Milan
Date signed: 6-14-44

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

6. (b) Name of husband or wife: Meda Wright 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: October 8, 1872 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 5 If less than one day hr. min.

9. Birthplace: Gary, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer retired

11. Industry or business

12. Name: William Henry Wright

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

14. Maiden name: Martha Grayless

15. Birthplace: No data (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. E. D. Wright

(b) Address: Milan, Mo.

17. (a) Burial (b) Date thereof: June 16, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Wilkinton, Milan

18. (a) Signature of funeral director: School Express Service

(b) Address: Milan, Mo. F. D. Schoore

19. (a) Date received local registrar: 6-44 (b) Registrar's signature: Mrs. L. D. Green

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

65-10

AUG 20 1950

AUG 16 1950

RECEIVED

District Health Officer No. 10

District File Number 7-44-1338

Date Filed JUL 13 1944

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 Frank D. Shoene

Licensed Embalmer No. 2016

P. O. Address Wiler, 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.