

FILED JAN 12 1945

Registration District No. 137

Primary Registration District No. 5513

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town "Rural" Leesville 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 5 years years, months or days

3. (a) PRINT FULL NAME Henry CLAY 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 1

6. (b) Name of husband or wife Sarah Francis 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Oct 21 1866
 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace KNOX Co Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W. Wright

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

14. Maiden name Malinda

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

16. (a) Informant Mrs. Millard Dennis

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 12-3-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsville Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo.

19. (a) December 2 1944 (b) Georgia Kitchener
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town "Rural" Leesville Twp.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
 year 1944 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Released at a large meal for supper and layed down, stayed a few times and was dead. Presumably death was due to heart trouble. Coronary thrombosis.
 Duration: _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations 94a
 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 P. S. Hallgren (M. D. or other)
 Address Clinton Mo. Date signed 12/2/44

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

200

RECEIVED

District Health Officer No. 7;

District File Number 12-44-1466

Date Filed 1-9-45

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.