

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1945

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

Registration District No. 63

Primary Registration District No. 5241

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Madison Twsp. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: XXX  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XXX (Specify whether years, months or days)  
In this community XXX

3. (a) PRINT FULL NAME Fraim Wesley Wright

3. (b) If veteran, name war XXX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Hattie Wright 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased August 20, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 15 XXXXXX min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name Thomas Wright

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

14. Maiden name Harriet Gothard

15. Birthplace Cedar Co., Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Wright

(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 1-7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) Feb 22, 1945 (b) Floyd Sparks  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County CEDAR  
(c) City or town Madison Twsp. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. XX  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1945 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Dec 30, 1944 to Jan. 5, 1945  
that I last saw him alive on Jan. 5, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Duration 1 month

Due to 942

Due to 942

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Wright (M.D. or other)

Address Stockton, Mo. Date signed 1-8-45

(Licensed Embalmer's Statement on Reverse Side)

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

1291

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**