. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37663

FILED DEC 15 1945

State File No.

Registration District No. 156 Primary Registration District No. 2001-5581 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper Joplin

(b) City or town Rural Joplin 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 years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1½ miles east of Joplin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Luther E Wright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Kathleen Wright

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

7. Birth date of deceased June 20, 1900 (Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 27 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Montgomery-Ward

FATHER
12. Name John O Wright
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lou Barker
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kathleen Wright
(b) Address Route #1, Joplin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 12-3-45 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 5, 1945, to Nov 27, 1945 that I last saw him alive on Nov 16 - 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	6-5-45
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 (M.D. or other)

Address Joplin Mo Date signed 11/29/45

1409

(Licensed Embalmer's Statement on Reverse Side)

45-11-928

JUN 3 1947

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.