S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42251

State File No.

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 79

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ralph Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 15 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Braymer, Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank S. Wright
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Wright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 14, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	8	hr. min.

9. Birthplace Caldwell County, Mo. G. (City, town, or county) (State or foreign country)
10. Usual occupation Loan Business
11. Industry or business
FATHER
12. Name Harvey Wright
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Phillips
15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joseph Gill
(b) Address Richmond, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Braymer, Mo.
18. (a) Signature of funeral director Quest-Lile Fun. Home
(b) Address Richmond, Mo.
19. (a) Dec 27 45 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1945 hour 5 P. minute P. M.
21. I hereby certify that I attended the deceased from 12-17-45, 19__, to 12-22-45, 19__; that I last saw him alive on 12-22-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	1 day
Due to: Apoplexy	1 day
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 Thos J Cox (M. D. or other) XXX
Address Richmond, Mo. Date signed 12-22-45

1651 (Licensed Embalmer's Statement on Reverse Side)

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.