

FILED APR 24 1946
Registration District No. **272**

Primary Registration District No. **6001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **Hunnington, Mo. R.F.D.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Rural (Saline Township)** /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **55 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME **John Henry Wright.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **January, 2, 1873.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 12 hr. min.

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

10. Usual occupation **Farmer.**

11. Industry or business **Farm.**

12. Name **Wm Leonard Wright.**
13. Birthplace **Ralls County, Missouri.**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Wright.**
15. Birthplace **Unknown Missouri.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Collins.**
(b) Address **Hunnington, Missouri.**

17. (a) **Burial** (b) Date thereof **March, 15, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arial Cemetery.**

18. (a) Signature of funeral director **Clyde W. Perry.**

(b) Address **Perry, Missouri.**

19. (a) **3/16/46** (b) **Clyde W. Perry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **Hunnington, Mo. R.F.D.**
(If outside city or town limits, write "RURAL")
(d) Street No. ~~XXXXXXXXXXXX~~ **Saline Township**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March**, day **14th**,
year **1946** hour **10:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Dec 1945** to **3-14-46**
that I last saw him alive on **Dec 1945**
and that death occurred on the date and hour stated above.
Immediate cause of death **myocardial** Duration _____

Due to **Atherosclerosis**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **932**
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 **(suicide)**
(b) Date of occurrence _____

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) (e) Means of injury **1**

23. Signature **Clyde W. Perry** (M. D. or other)
Address **Hunnington, Mo.** Date signed **3/16/46**

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

RECEIVED

Sanitation Health Officer No. 10

District File Number 4-46-819

Date Filed APR. 22 1946

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

Clyde W. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.