

FILED MAY 23 1946

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Jonlin.**
(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 **1 day.** (Specify whether years, months or days)
In this community **1 days.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Okl.** (b) County **Ottawa 999**
(c) City or town **Miami.** (If outside city or town limits, write "RURAL") **24**
(d) Street No. **Route 3** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Floyd Nicholis Wright.**

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

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

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

7. Birth date of deceased **March 18, 1898**
(Month) (Day) (Year)

8. AGE: Years **48** Months **1** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **Goodman, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer.**

11. Industry or business **own Farm.**

MOTHER FATHER { 12. Name **Albert Sidney Wright.**

13. Birthplace **Shelby County, Iowa.** (City, town, or county) (State or foreign country)

14. Maiden name **Laura Poe.**

15. Birthplace **Goodman, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mollie L Wright.**

(b) Address **Miami, Okla. R. 3.**

17. (a) **Removal** (b) Date thereof **4-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottawa, Okla.**

18. (a) Signature of funeral director **John H. ...**

(b) Address **...**

19. **4-16-46** (b) **...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11th** year **1946** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **4-9-46** to **4-10-46**

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Perforation of jejunum + hemorrhage**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1**

Of autopsy **1170**

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 **Dr. B. L. Steyer** (or other) _____

Address **Fairland, Okla.** Date signed **4/14/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-4-388

Dr Tracy -

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 *John H. Sumail*
Okla 820
Licensed Embalmer No. *820*

P. O. Address *Spicher Okla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.