

S. No. 2
M-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34468

State File No.

FILED OCT 17 1946

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls.
(b) City or town Perry, Missouri.
(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 XXXXX.
(Specify whether
In this community 50 Yrs.
years, months or days)

3. (a) PRINT FULL NAME John Y. 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 Sept, 19, 1859.
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Coal Miner.

11. Industry or business Coal Mine.

12. Name Joe Wright.

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

14. Maiden name Nancy Ewell.

15. Birthplace Hamburg Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Mitchell.

(b) Address Honolulu.

17. (a) Burial (b) Date thereof 9-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery, Perry, Mo.

18. (a) Signature of funeral director Clyde Wilcox.

(b) Address Perry, Missouri.

19. (a) 9/23/46 (b) Clyde Wilcox
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls.
(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 22nd,
year 1946 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 19.....
NO MEDICAL ATTENTION.
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis.

Due to Arteriosclerosis.

Due to

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) No.

(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) (e) Means of injury 2

23. Signature Clyde Wilcox

Address Perry, Mo Date signed 9/23/46

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

MOTHER FATHER

267

(Licensed Embalmer's Statement on Reverse Side)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 26 1956

RECEIVED
District Health Officer No. 10
District Health Officer No. 10
OCT. 14 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.....

Olyvia Wiley

Licensed Embalmer No. *3820*

P. O. Address..... *Terry, 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.