

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE DEATHS
FILED NOV 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38053**
Registrar's No. **2123**

Registration District No. **301**

Primary Registration District No. **6037**

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

30807

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Rural (Union 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
 In this community 12 years years, months or days)

3. (a) PRINT FULL NAME Francis Marion Wright
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased August 21, 1869
 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Randolph County, Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ellis Wright

13. Birthplace Georgia
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Fred Wright

(b) Address Ponder, Missouri

17. (a) Burial (b) Date thereof Oct. 20, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warm Springs Cemetery

18. (a) Signature of funeral director L.W. Edwards

(b) Address Doniphan, Mo.

19. (a) 10-20-46 (b) E. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
 (c) City or town Rural (15 mi. S.W. of Doniphan)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Union 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 October day 19 year 1946 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 14, 1946, to Oct. 19, 1946
 that I last saw him alive on Oct. 18, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to arteriosclerosis
malacia
 Due to _____

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

Major findings: Of operations (signature)
 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:

(c) 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 (signature)

23. Signature (signature) (M. D. (signature))
 Address Doniphan, Mo. Date signed 10/22/46

277

(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 Algiean Adamson

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.