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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41382

Registration District No. FILED DEC 23 1946

Primary Registration District No. 5723

Registrar's No. 72

1. PLACE OF DEATH:

(a) County: Mercer

(b) City or town: Morgan 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)

no

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mercer 65

(c) City or town: Rural 1
(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: no

3. (a) PRINT FULL NAME: John H. Wright

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: male 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Elizabeth Wright

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: Feburary 3 1876 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	23	hr. min.

9. Birthplace: Marian Ohio (City, town, or county) (State or foreign country) 1

10. Usual occupation: farmer

11. Industry or business: James Wright

FATHER
12. Name: 9
13. Birthplace: unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Ann Gleason
15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Mrs John Wright
(b) Address: Princeton, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Nov27,1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Princeton

18. (a) Signature of funeral director: Noel, Moss
(b) Address: Princeton, Mo

19. (a) 11-30-46 (Date received local registrar) (b) Leon Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1946 hour 9:40 minute a. M.

21. I hereby certify that I attended the deceased from Nov.23, 1946 to Nov.27, 1946 that I last saw him alive on Nov 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden death, heart auricular fibrillation, with mitral and aortic regurgitation.

Due to: Had been heavily digitalized for 4 days. Died while expelling

Due to: an enema.

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

Major findings:
Of operations: 9B

Of autopsy: None made

Duration

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: O S Bristow (M. D. or other) MD,

Address: Princeton, Mo Date signed 11/29/46

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(Licensed Embalmer's Statement on Reverse Side)

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

40195

FEB 20 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me,

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl Moss

Licensed Embalmer No. 2634

P. O. Address Princeton 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.