S. No. 2
M—5-43
7. 5-17-39
- 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2, 1947
Registration District No. 2-74

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14505

Primary Registration District No. 30-52

Registrar's No. 143

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
417 W. Cooper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 417 W Cooper 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME ROBERT G WRIGHT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M | 5. Color or race N | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ranzetta Wright | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 3 (Month) 15 (Day) 1871 (Year)

8. AGE: Years 71 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business X

FATHER
12. Name Dan Wright
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Wright
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ranzetta Wright
(b) Address 417 W Cooper Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Mo

18. (a) Signature of funeral director J. D. Ferguson
(b) Address 117 E Jefferson Sedalia Mo

19. (a) 4-17-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 5th
year 1947 hour 8. minute 40 A.M.

21. I hereby certify that I attended the deceased from He was dead at time I arrived at residence. 19....;
that I last saw h Dead when I first saw him. 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, he was a patient of M.D. Weathers who had treated him for some time past. — Duration

Due to Myocarditis, chronic.

Due to This call was made by undersigned for Dr. M.D. Weathers, who was ill and could not make the call.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations As above. None.

Of autopsy None held.

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) Natural causes.
(b) Date of occurrence XXX
(c) Where did injury occur? XXX
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
XXX
While at work? XXX (Specify type of place) (e) Means of injury XXX

23. Signature C. B. Trader (M. D. or other) M.D.
Address 112 W. 4t. Sedalia, Mo. Date signed 4-7-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5-1-47

JUN 2 1947

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Salcha

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.