U. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1947

Registration District No. 16

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5302

State File No. 16942

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Eugene
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cole 26

(c) City or town Eugene 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lawrence Alfred Wright

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ercel Wright

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1886 (Year)

8. AGE: Years 61 Months 2 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Editor of Newspaper

11. Industry or business .....

MOTHER-FATHER

12. Name James P. Wright

13. Birthplace Cole Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name Carrie Fendorf

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

16. (a) Informant Mrs. Ercel Wright

(b) Address Tuscumbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Tuscumbia Cemetery

18. (a) Signature of funeral director Louis D. Phillips

(b) Address Eldon, Mo.

19. (a) 5-9-1947 (Date received local registrar) (b) Mrs. J. L. Glover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1944, to May 7, 1947, that I last saw him alive on May 7, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis Pneumonia of Lobar Type.	1 Month
Due to Chronic Tubercular Infection for years	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 13B

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? 2
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature M. E. Humphrey (M. D. or other) D.O.

Address Tuscumbia, Mo. Date signed 5-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-21-47

MAY 27 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 Louis B. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis B. Phillips

Licensed Embalmer No. 3669

P. O. Address Elday

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.