

S. No. 2
A-1-4-41
7. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21700**
Registrar's No. **37**

FILED JUL 10 1947
Registration District No. **227**

Primary Registration District No. **5804**

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

1. PLACE OF DEATH:
(a) County **MONROE**
(b) City or town **RURAL-JACKSON TWP.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4 1/2 MI. E. OF PARIS**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **A. 15 YRS.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 1/2 MI. E. OF PARIS**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM PRESTON WRIGHT**
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **JUNE** day **22**, 19**47**.
1 hour **15** minute **A.** M.
21. I hereby certify that I attended the deceased from **June 22** 19**47** to **June 22** 19**47**.
that I last saw him **alive** on **June 22** 19**47** and that death occurred on the date and hour stated above.

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 **MAR 13 1873**
(Month) (Day) (Year)

Immediate cause of death **Chronic Myocardial Infarction**
Duration **7.15**

8. AGE: Years Months Days If less than one day
74 3 9 hr. min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace **MONROE Co., Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **FARMER.**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name **JOHN J. WRIGHT.**
13. Birthplace **Ky.** (State or foreign country)
14. Maiden name **SARAH C. GOSE**
15. Birthplace **MONROE Co., Mo.** (City, town, or county) (State or foreign country)

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?

16. (a) Informant **CHAS. WRIGHT.**
(b) Address **R.F.D. 1, PARIS, Mo.**
17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **JUNE 23 1947**
(Month) (Day) (Year)
(c) Place: burial or cremation **GREENWOOD CEM., Speed-Blakey**
18. (a) Signature of funeral director _____
(b) Address **PARIS, Mo.**
19. (a) **6-22-47** (Date received local registrar)
(b) **Elbert Baker, M.D.** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **W. M. Baker** (M. D. or other)
Address **PARIS, Mo.** Date signed **6-22-47**

RECEIVED
District Health Officer No. 10
District File Number 7-47-861
Date Filed JUL - 8 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 E. H. Agnew
Licensed Embalmer No. 4000
P. O. Address Paris, Missouri.

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.