No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24945

Registration District No. 251 | Primary Registration District No. 3048 | Registrar's No. 140

1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 3 Months (Specify whether years, months or days)
In this community 4 Months and Around Graham Maryland Corp.

2. USUAL RESIDENCE OF DEACEASED: 74
(a) State: Mo (b) County: Nodaway
(c) City or town: Graham (If outside city or town limits, write "RURAL") 'Rural'
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Harry Henry Wright
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W d
6. (b) Name of husband or wife: Nora Alice Hughes Wright 'Deceased'
6. (c) Age of husband or wife if living: years
7. Birth date of deceased: July (Month) 25 (Day) 1866 (Year)

8. AGE: Years 80 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace: Belle Plain (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: George Wright Jr
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Sarah Elizabeth Cuff
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Russell Wright
(b) Address: Maryland Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation: K. of P. Maryland
18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: Maryville Mo
19. (a) July 12, 1947 (Date received by local registrar) (b) Bess [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1947 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from December 5th, 1947, to, 19..; that I last saw him alive on July 3rd 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Prostatic Hypertrophy — Duration: not known
Due to: Pulmonary Embolus — Duration: 1 day
Due to: Urinary infection — Duration: not known
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: 0
Of autopsy: 0

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: 0
23. Signature: J. A. Bloomer (M. D. or other)
Address: Maryville Mo Date signed 7/5/47

(Licensed Embalmer's Statement on Reverse Side)

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:.....

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

working under my personal supervision.

Signed G M Atherton

Licensed Embalmer No. 2279

P. O. Address Monroe 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.