

S. No. 2
-12-45
5-17-39
PI X47070

FILED OCT 6 1947

Registrar's No. **1177**

Registration District No. **42** Primary Registration District No. **1000**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph, Missouri.
 (c) Private Home- 1213 N. 10th. Street
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days. (Specify whether years, months or days)
 In this community Fifty-one years.

3. (a) PRINT FULL NAME WILLIS ELMOR WRIGHT.
 3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower.
 6. (b) Name of husband or wife Mrs Ida (Blum) Wright. 6. (c) Age of husband or wife if alive Dec-- years
 7. Birth date of deceased March 16th, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>80</u>	<u>8</u>	<u>9</u>	hr. min.

9. Birthplace Mount Pleasant, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Conductor.

11. Industry or business C. B. & Q. Railroad.

MOTHER { 12. Name Allen McGrath Wright.
 13. Birthplace Mt. Pleasant, Iowa.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Ann ? (Unknown)
 15. Birthplace Ottumwa, Iowa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank T. Young
 (b) Address Des Moines, Iowa.

17. (a) BURIAL (b) Date thereof 9/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Mora Cemetery.

18. (a) Signature of funeral director Mrs. E.R. Sidenfaden
 (b) Address 602 South 10th. Street

19. (a) 10-2-47 (b) La Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. Andrews Hotel- 1224 South 6th. St.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 26th year 1947 hour 3:05 minute AM
 21. I hereby certify that I attended the deceased from Sept 1st 1947 to Sept 25 1947
 and that death occurred on the date and hour stated above.
 (That I last saw him alive on Sept 18 1947.)

Immediate cause of death Chronic Myo-Carditis Duration 1 year
 Due to Chronic Interstitial Nephritis 1942

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

Major findings: _____
 Of operations _____
 Of autopsy NO 318
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?

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) _____
 Address 404 So 3d St Date signed 9/29/47

NOV 14 1948
NOV 12 1947
NOV 12 1948

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 Mollie E. Lindenfelden Fox
Licensed Embalmer No. 4235
P. O. Address St. Joseph, 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.