

S. No. 2  
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5-17-39  
X37823

32144

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT. 10 '47

Registration District No. 291

Primary Registration District No. 44.3.3

Registrar's No. 89

1. PLACE OF DEATH:  
(a) County PUTNAM  
(b) City or town UNIONVILLE  
(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)  
In this community LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County PUTNAM 86  
(c) City or town UNIONVILLE 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JESSE FRANK WRIGHT  
(b) If veteran, name was WORLD WAR I  
(c) Social Security No. 496.03.6497

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPT. day 30  
year 1947 hour 6 minute 10 A. M.

4. Sex MALE 0 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife MILDRED WRIGHT  
(c) Age of husband or wife if alive 20 years

21. I hereby certify that I attended the deceased from 5-6, 1946 to 9-30, 1947  
that I last saw him alive on Sept. 30, 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death  
Lympho-sarcoma. 2 yrs  
Historic to pulmonary  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace PUTNAM COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations 46  
Of autopsy \_\_\_\_\_  
Duration 2 yrs

10. Usual occupation DAY LABORER  
11. Industry or business PRODUCE HOUSE

MOTHER FATHER  
12. Name FRANCES WRIGHT  
13. Birthplace Do Not Know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name RACHEL JANE FORD  
15. Birthplace Do Not Know 9  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mildred Wright  
(b) Address Unionville Missouri  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 2-1947  
(Month) (Day) (Year)  
(c) Place: burial or cremation UNIONVILLE CEMETERY

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? \_\_\_\_\_

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME  
(b) Address UNIONVILLE, MO. BY J. W. Comstock  
19. (a) 10-3-47 (Date received local registrar) (b) Marcell Durbink (Registrar's signature) 9106

(Specify type of place) 2  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature L. W. McDonald (M. D. or other) D  
Address Unionville, Mo. Date signed 10-2-47

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

OCT 28 1947  
NOV 4 1947

RECEIVED  
District Health Officer No. 1  
District File Number 10-47-137  
OCT - 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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.