

FILED OCT 29 1947

128

Registration District No. _____

Primary Registration District No. 5465

Registrar's No. 872

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

39
0
0

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural 77 Campbell St.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nichols Junction Depot - Rural Springfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Muskogee 999

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

(d) Street No. 615 Lawrence Street
(If rural, give location)

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

3. (a) PRINT FULL NAME LE ROY ALMOND WRIGHT

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from
his physician on attendance, 19____;
that I last saw him alive on _____, 19____;
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 Married

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

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

7. Birth date of deceased August 31 1914
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>33</u>	<u>1</u>	<u>5</u>	hr. _____ min.

Immediate cause of death
mechanical asphyxiation and scalding R.R.

Due to Engine overthrusting

Due to _____

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

9. Birthplace Muskogee Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman Railroad

11. Industry or business _____

MOTHER FATHER {

12. Name Homer Wright

13. Birthplace Johnson County, Nebraska
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Wood

15. Birthplace Summerville, Arkansas
(City, town, or county) (State or foreign country)

Major findings: 10 10 10

Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. Dorothy Wright

(b) Address 615 Lawrence Street, Muskogee, Ok

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

(c) Place: burial or cremation Memorial Park Cem, Muskogee

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 10-20-47 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 39

(b) Date of occurrence Oct 5, 1947

(c) Where did injury occur? Highway Greene Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
First night of my

While at work? Yes (Specify type of place) Small hotel

(e) Means of injury fall

23. Signature Lawrence G. Stone (M. D. or other) 3

Address Springfield Mo Date signed 10-5-47

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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..... *Frank Hebble*

Licensed Embalmer No. *4142*

P. O. Address..... *Springfield, 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.