. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

61

State File No. .....

Registration District No. 10 | Primary Registration District No. 3002 | Registrar's No. 17

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 905 E. Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain 4
(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")
(d) Street No. 905 E. Lafayette st 2 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Frank Wright
3. (b) If veteran, name war World War I
3. (c) Social Security No. 491-05-7849
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Wright.
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased June (Month) not known (Day) 1893 (Year)
8. AGE: Years 54 Months 5 Days ..... If less than one day ..... hr. ..... min.
9. Birthplace Louisiana (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name Jefferson Wright 9
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Wright 6
15. Birthplace Not Known 1 (City, town, or county) (State or foreign country)
16. (a) Informant Marie Wright Wife
(b) Address 905 E. Lafayette st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood cmetery Mexico
18. (a) Signature of funeral director Jackson-Baker Funeral Home
(b) Address 409 S. Walnut st
19. (a) 1/30/48 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1948 hour 5 minute 10 A.M.
21. I hereby certify that I attended the deceased from 5-8-47 ..... 19..... to 1-28 1948
that I last saw him alive on 1-27 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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 kind of place)
While at work? ..... (e) Means of injury 0
23. Signature Charles L. Barna (M. D. or other)
Address Mexico Mo Date signed 1-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

AUG 6 1948

RECEIVED
District Health Officer No. 10
File Number 2-48-236
Date Filed FEB -5 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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.