

FILED JAN 15 1948

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

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural - Washita, Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital no. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 11 mo. 12 d.  
(Specify whether  
In this community Same period  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limit write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3  
year 1948 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1  
1947, to Jan. 3, 1948.  
that I last saw him alive on Jan 2 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Senile Dementia  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature R. B. Restor (M. D. or other) \_\_\_\_\_  
Address Nevada Mo. Date signed 1-3-1948

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

3. (a) PRINT FULL NAME William M. Wright

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Oct. 16 - 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 18  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace McDonald Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name John Joshua Wright

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Missis

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

16. (a) Informant Hospital Records

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof Jan 3 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Mo.

18. (a) Signature of funeral director Healey Lewis

(b) Address Webb City, Mo.

19. (a) 1-5-48 (b) Wathum Jancy  
(Date received local Registrar) (Registrar's signature)

JUL 20 1958

RECEIVED  
District Health Officer No. 7,  
District File Number 12-47-3009  
Date Filed 1-14-78

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.....

*John A. Lewis*  
.....  
working under my personal supervision.

....., Registered Apprentice No. 46

Signed *[Signature]*

Licensed Embalmer No. 2859

P. O. Address *[Signature]*

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, above space should be left blank.