No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 24 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9492

Registration District No. 227 — Primary Registration District No. 5804 — Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County: MONROE JACKSON
(b) City or town: RURAL - ~~[illegible]~~ Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2 MI. N. OF GOSS, MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 6

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: MONROE
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: 2 MI. N. OF GOSS, MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: CHARLES ANDREW 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: MARRIED
6. (b) Name of husband or wife: ETHEL WRIGHT
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: MAY (Month) 2, (Day) 1871 (Year)

8. AGE: Years 76 Months 10 Days 8 If less than one day: — hr. — min.

9. Birthplace: MONROE CO. (City, town, or county) (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business: FARMING
MOTHER FATHER
12. Name: JOHN JAMES WRIGHT
13. Birthplace: — (City, town, or county) KY. (State or foreign country)
14. Maiden name: SARAH GOSE
15. Birthplace: — (City, town, or county) MO. (State or foreign country)
16. (a) Informant: MRS. ETHEL WRIGHT
(b) Address: PARIS, R.F.D.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: WALNUT GROVE
18. (a) Signature of funeral director: [illegible]
(b) Address: Paris, Mo.
19. (a) 3-12-1948 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 10 year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 10, 1947, to Mch. - 8th, 1948, that I last saw him alive on Mch. - 10th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arteriosclerosis	2 yr
Due to: Coronary Thrombosis	3 hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: (NH)
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 type of place)
While at work? (e) Means of injury: (1)

23. Signature: Elbert Baker (M. D. or other) MD
Address: PARIS, MO Date signed: 3-12-48.

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

RECEIVED
District Health Officer No. 10
District File Number 3-48-54
Date Filed MAR 22 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 E. S. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.