. 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 JUN 2 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17182

Registration District No. 277 | Primary Registration District No. 4411 | Registrar's No. 32

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town BOWLING GREEN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SOUTH 7th STREET (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County PIKE 82
(c) City or town BOWLING GREEN (If outside city or town limits, write "RURAL") 1
(d) Street No. SOUTH 7th STREET (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME EDGAR CHESTER WRIGHT
3. (b) If veteran, name war NO
3. (c) Social Security No. 486-14-1660
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife LULA WRIGHT
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased NOV (Month) 30 (Day) 1878 (Year)

8. AGE: Years 69 | Months 5 | Days 23 | If less than one day — hr. — min.

9. Birthplace PIKE COUNTY (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation FARMER
11. Industry or business FARMING
FATHER
12. Name ANDREW J. WRIGHT
13. Birthplace PIKE COUNTY (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name ANNIE RIED
15. Birthplace PIKE COUNTY (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant SHANON WRIGHT
(b) Address BOWLING GREEN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation INDIAN CREEK CEMETARY
18. (a) Signature of funeral director J. C. Mudd Funeral Home
(b) Address Bowling Green, Mo.
19. (a) 5/25/48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 254

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation from fire and smoke | Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 15
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) accident 82
(b) Date of occurrence May 23 1948
(c) Where did injury occur? Bowling Green Pike Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work? No (e) Means of injury Suffocation
23. Signature S. A. Yoddin Coroner (M.D. or other)
Address Louisiana Mo Date signed 5-23-48

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

RECEIVED
District Health Officer No.
District File Number 6-48-
Date Filed JUN 1 - 19

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 C. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.