

FILED AUG 16 1948

State File No. _____

Registration District No. 231

Primary Registration District No. 5811

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Montgomery City "Rural"
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 miles southwest of Montgomery
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pike 820
 (c) City or town Gazette
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Harvey Wright
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 25
 year 1948 hour 7 minute 2 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara D. Wright
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Nov 12 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 19th 1948, to Apr. 25th 1948
 that I last saw him alive on Apr. 19th 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 5 Days 13
 If less than one day
 hr. _____ min. _____

Immediate cause of death
Oedema of lungs.
Chronic Myocarditis
Arteriosclerosis

9. Birthplace 1 1/2 miles north of Gazette, Mo
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas W. Wright
 13. Birthplace _____ Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ann Farmer
 15. Birthplace Pike County Missouri
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations APP
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Clara D. Wright
 (b) Address Middletown, Mo
 17. (a) Burial (b) Date thereof 1/26/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Vandalia, Missouri

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 0

18. (a) Signature of funeral director W. Waters
 (b) Address Vandalia, Missouri
 19. (a) 4-22-48 (b) Union Springs
 (Date received local registrar) (Registrar's signature) 209

23. Signature A. Hoch (M. D. or other) _____
 Address Middletown, Mo Date signed 7/25-48

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

RECEIVED
District Health Officer
District File Number
Date Filed
AUG 13 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 *William B. Waters*

Licensed Embalmer No. *4164*

P. O. Address *Vandalia 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.