

FILED AUG 5 1948

Registration District No. **282**

Primary Registration District No. **4426**

Registrar's No. **88**

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Fair Play
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME John Otis Wright

3. (b) If veteran, name war none 3. (c) Social Security No. lost

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased August 21 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 9 If less than one day hr. _____ min.

9. Birthplace Cedar County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation plumber

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Booker Wright

13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Izora Wright

15. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Eula Wright

(b) Address Fair Play, Mo.

17. (a) burial (b) Date thereof Aug. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove Cemetery

18. (a) Signature of funeral director Turpin Funeral Home

(b) Address Bolivar, Mo.

19. (a) July 31, 1948 (b) Ralph Jordan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk **89**
(c) City or town Fair Play
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 31, 1948 to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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

Major findings: Of operations 940

Of autopsy ✓

PHYSICIAN

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 _____

22. Signature Richard A. Brown (Physician or other)

Address Bolivar, Mo. Date signed July 31, 1948

RECEIVED

District Health Officer No.

District File Number 1-48-8

Date Filed 8-4-48

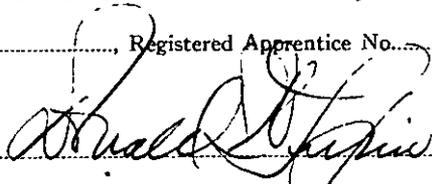
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Charles E. Fox.....
working under my personal supervision.

Registered Apprentice No. 22

Signed.....



Licensed Embalmer No. 3053

P. O. Address Bolivar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.