

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

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41033

FILED DEC 30 1948

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

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 354

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1800 S. Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 49 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mc Lean G. Wright

3. (b) If veteran, name war No 3. (c) Social Security No. 702-10-0870

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada P Wright 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased March 22, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 9 hr. min.

9. Birthplace Leroy Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. laborer

11. Industry or business R. R.

MOTHER FATHER { 12. Name James W. Wright  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Unknown  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Ada P. Wright

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Dec. 4, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Warrensburg,

18. (a) Signature of funeral director Swilbeckhart

(b) Address Sedalia, Missouri

19. (a) 12-4-48 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1800 S. Harrison  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1  
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-30-48  
19 12 to 12-30-48

that I last saw him alive on 12-30-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Cerebral Hemorrhage Duration 1 day

Due to General debility Several years

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

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? NO

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. J. Campbell (M. D. or opt.) MD  
Address Sedalia Date signed 12-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-29-48

DEC 30 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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.