S. No. 300
M—10-47
7. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 16 1948

Registration District No. 376

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No. 41233

Registrar's No. 388

94
3

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Leadington, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Leadington 4
(If outside city or town limits, write "RURAL")

(d) Street No. 5
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ODIE HERBERT 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 Viola Kennon Wright

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Janurary (Month) 4 (Day) 1891 (Year)

8. AGE: Years 57 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Madison County, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John W. Wright

13. Birthplace Madison County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Smith

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Wright

(b) Address Leadington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois Memo.

18. (a) Signature of funeral director Sparks

(b) Address Flat River, Mo

19. (a) 12-8-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th. year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 6, 4 a.m., 1948, to Dec. 6, 5:30 a.m., 1948; that I last saw him alive on Dec. 6, 4:30 a.m., 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94B

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? (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Theodore Paul (M.D. or other) D.O.

Address Flat River, Mo. Date signed 12/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. Y

1248-1574

Date 12-14-48

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 ....., ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River 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.