

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 1932

FILED JAN 28 1949

BIRTH NO. 3 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 3

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Moniteau</u>	a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>	c. LENGTH OF STAY (in this place) <u>14 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural near Competition Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>John Thomas Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 20 1949</u>			
a. (First)	b. (Middle)	c. (Last)				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12 1875</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	11. UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Competition Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Edward B. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Martha B. Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Gertrude Lee Wright</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J. T. Wright</u>
		ADDRESS <u>Competition Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>			<u>9 Mo.</u>
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (b) <u>---</u>		
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Large Carcinoma of Stomach removed that could not be</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1948, to Jan 20, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.L. LATHAM M.D.</u>	(Degree or title) <u>U</u>	23b. ADDRESS <u>California Mo.</u>	23c. DATE SIGNED <u>1/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Competition Mo. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Competition Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-49</u>	REGISTRAR'S SIGNATURE <u>H.R. Robjoy M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Williams Funeral Home</u>	ADDRESS <u>California</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48
68

RECEIVED
District Health Officer No. 9,
District No. 1
Date Filed JAN 27 1949

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed *W. E. Friedman* _____

Licensed Embalmer No. *2854* _____

P. O. Address *California 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.

BUREAU OF THE CENSUS
FILED MAR 26 1949STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. ~~9233~~Registration District No. 224Primary Registration District No. 3046Registrar's No. ~~123~~

1. PLACE OF DEATH:

(a) County Moniteau
 (b) City or town California mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Latham Sanitarium
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 14 days (Specify whether
 In this community no
 years, months or days)

3. (a) PRINT
FULL NAME

John Thomas Wright
 3. (b) If veteran, no name war
 3. (c) Social Security No. no

4. Sex M. O. 5. Color or race white
 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Hertude Lee Wright. 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 12 1875
 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day
 hr. — min.

9. Birthplace Competition mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farming.

12. Name Edw. B. Wright

13. Birthplace Greenville Ill.
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Ballou
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs J. T. Wright, wife

(b) Address Competition mo

17. (a) Reburied to (b) Date thereof 1-21-49
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Competition Mo Cemetery

18. (a) Signature of funeral director William Ferr Home

(b) Address 21 California Mo

19. (a) 1-20-49 (b) H. R. Poppy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laclede 53
 (c) City or town Rural Near Competition mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
 year 1949 hour 7 minute 45 p. M.

21. I hereby certify that I attended the deceased from Nov 11, 1948 to Jan 20, 1949
 that I last saw him alive on Jan 20, 1949
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 9 mo.

Due to Cause unknown

Due to None

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Large carcinoma of Stomach that could not be removed.

Of autopsy no autopsy.

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

23. Signature L. L. Latham (M. D. or other)

Address California MO Date signed 1-20-49

RECEIVED
District Health Officer No. 9,
District File Number
MAR 25 1949
Date Filed

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.....

W. E. Friedmeyer

Licensed Embalmer No.

2854

P. O. Address.....

California Me

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.