

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22672**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **797**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph	
c. LENGTH OF STAY (in this place) 10Hrs		d. STREET ADDRESS (If rural, give location) 503 North 11th	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Anderson c. (Last) Wright	4. DATE OF DEATH (Month) (Day) (Year) July 19 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch Repair	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cummings, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert A. Wright	13b. MOTHER'S MAIDEN NAME Mary E. Wright	14. NAME OF HUSBAND OR WIFE Mary M.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME William Wright	ADDRESS 503 No. 11th City
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 12-hrs. approx.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart disease with occlusion, and sclerosis		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Delerium Tremens DUE TO (c) Alcoholism		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		None!	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. *AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-18-49** to **7-19-49** that I last saw the deceased alive on **7-19 1949**, and that death occurred at **4:40A** m., from the causes and on the date stated above.

23a. SIGNATURE Wm. B. Root M.D. - V	23b. ADDRESS 510 Corby Bldg. St. Joseph	23c. DATE SIGNED 7-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-21-49	24c. NAME OF CEMETERY OR CREMATORY Mt Olivet	24d. LOCATION (City, town, or county) (State) St Joseph, Mo.
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DATE REC'D BY LOCAL REG. July 20, 1949	REGISTRAR'S SIGNATURE H. G. Jenkins	38-25 FUNERAL DIRECTOR'S SIGNATURE Norman W. Siderfaden	ADDRESS St Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1908

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.....

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

Student
Student Embalmer

Signed..... *Robert H. Gable*

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.