

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39906

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Birch Tree		c. CITY (If outside corporate limits, write RURAL and give township) Birch Tree	
c. LENGTH OF STAY (In this place) 20 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) William			b. (Middle) Peace			c. (Last) Wright			4. DATE OF DEATH (Month) (Day) (Year) Nov 5-49					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 16-1864			9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 19	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Independence, Iowa				12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Richmond Wright			13b. MOTHER'S MAIDEN NAME Mariar Pease			14. NAME OF HUSBAND OR WIFE Lucy Wright					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Lucy Wright Birch Tree, Mo.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infirmity of age						US-IX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 1, 1949, to Nov 5, 1949, that I last saw the deceased alive on Nov 4, 1949, and that death occurred at 8:15a m., from the causes and on the date stated above.

23a. SIGNATURE R. L. Davis M.D.			(Degree or title)			23b. ADDRESS Birch Tree Mo			23c. DATE SIGNED 11/14-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-7-49		24c. NAME OF CEMETERY OR CREMATORY Montier			24d. LOCATION (City, town, or county) (State) Montier, Mo.				

DATE REC'D BY LOCAL REG. 11-19-49		REGISTRAR'S SIGNATURE W. S. Pease			25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home			ADDRESS Mtn View, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 11/22/49

District Health Officer No. 5,

District File Number 1149764

Date Filed 11/23/49

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

Joe L. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. View, 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.