

STANDARD CERTIFICATE OF DEATH

State File No. **24065**

FILED JUL 24 1950

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

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>246</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b> c. LENGTH OF STAY (in this place) <b>1 Week</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Rails</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hunnington</b> d. STREET ADDRESS (If rural, give location) <b>0870</b> <b>1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) <b>Lee</b> c. (Last) <b>Wright</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 2 1950</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>Aug 21 1879</b>	
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William L. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Wright</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Claude Coliver Hunnington, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Virus pneumonia</b>		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) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Smoking - arteriosclerosis</b>						<b>492X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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) (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 <b>7-27, 1950</b> , to <b>7-2, 1950</b> , that I last saw the deceased alive on <b>7-2, 1950</b> and that death occurred at <b>6:50 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. H. Reulman M.D.</b>				23b. ADDRESS <b>1701 Pkwy. Hannibal, Mo.</b>		23c. DATE SIGNED <b>7/5/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Aerial Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hunnington Rails Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-50</b>		REGISTRAR'S SIGNATURE <b>D. E. M. Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clyde C. Wilkey</b>		ADDRESS <b>Perry, Mo.</b>	

RECEIVED JUL 20 1950  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 22 1950

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.....

Signed.....

*John A. Ellis*  
.....  
Licensed Embalmer No. 4613  
P. O. Address Permy, Mo

Signed.....  
Student Embalmer

Notes: 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.