

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19013

State File No. 68001

FILED JUN 24 1948

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 575

1. PLACE OF DEATH:

(a) County Cloper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alex Van Ravenswaay Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moreau
(c) City or town Fortuna
(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 _____

3. (a) PRINT FULL NAME Charles W. Wright

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie Wright 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 31 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 9 hr. min.

9. Birthplace Morgan Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Wm Wright

13. Birthplace No Record Ark. 1
(City, town, or county) (State or foreign country)

14. Maiden name Anna Fienndt

15. Birthplace No Record Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Harm Shepp

(b) Address Versailles, Mo.

17. (a) Removal (b) Date thereof June 11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thixton Cem.

18. (a) Signature of funeral director W. F. Kidwell

(b) Address Versailles, Mo.

19. (a) 6-11-48 (b) DeHoyner
(Date received local registrar) (Registrar's signature) 381

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 48 hour 10:30 minute 30 M.

21. I hereby certify that I attended the deceased from June 9, 48
to June 10, 48

that I last saw him alive on June 10
and that death occurred on the date and hour stated above.

Immediate cause of death Intense jaundice Duration 4 months

Due to obstruction common duct.

Due to Maligancy head pancreas

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations no operation PHYSICIAN
no palpable mass Underline the cause to which death should be charged statistically.
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm R. ... (M.D. or other) 6/11/48
Address Bonville Mo Date signed 6/11/48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-23-48

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.....

Fred W. Harris....., Registered Apprentice No. ~~###~~ 476
working under my personal supervision.

Signed

James W. Stegner

Licensed Embalmer No. 3870

P. O. Address Bethville, 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.

S. No. 3
15M-3-45
X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. 711

Registration District No. 82 Primary Registration District No. 3017

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

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville
(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 _____)

In this community _____ years, months or days
3. (a) PRINT FULL NAME Charles W. Wright
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to ulcer of 800, duodenum
no cancer
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm. R. ... (M. D. or other) Boonville, Mo
Address _____ Date signed _____

SUPPLEMENTARY

S-19013