

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29723

REGD SEP 13 1939  
Registration District No. 6-267

Primary Registration District No. 6-263

Registrar's No. 62

1. PLACE OF DEATH:  
(a) County Mississippi  
(b) City or town Penhook  
(c) Name of hospital or institution: St. James' Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yrs years, months or days

3. (a) PRINT FULL NAME ELNORA WRIGHT  
8. (b) If veteran, name war   
8. (c) Social Security No.         

4. Sex Female  
5. Color or race Black  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Nolan Wright  
6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased Aug 13 1916  
(Month) (Day) (Year)

8. AGE: Years 23 Months 15 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tulahassee Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Southern Frazier  
13. Birthplace Sunflower County Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Paula Talbert  
15. Birthplace Sunflower County Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Southern Frazier  
(b) Address Penhook East Prairie, Mo. R. 1

17. (a) Penhook (b) Date thereof Aug 29 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Penhook

18. (a) Signature of funeral director Travis N. Shelby  
(b) Address East Prairie Mo.

19. (a) Sept 7 - 1939 (b) Mrs. J. Th. Hodge  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Miss.  
(c) City or town near East Prairie  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 28  
year 1939 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug 9  
28, 1939, to Aug 28, 1939  
that I last saw her alive on Aug 28, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Eclampsia  
Due to Pregnancy  
8th month  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 14 1/2

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Manner of injury \_\_\_\_\_  
23. Signature J. P. Martin (M. D. or other) \_\_\_\_\_  
Address East Prairie Date signed 9-4-39

RECEIVED

District Health Officer No. 2,

District File Number

939-205

Date Filed

9-11

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.