

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20

Registration District No. 461

Primary Registration District No. 5625

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston, MO

(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 _____
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Lafayette

(c) City or town Livingston, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. S. Rural
(If rural, give locality)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HANSON WEIGHTMAN WRIGHT

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

4. Sex ma

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frances Mandrup

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Livingston MO
(City, town, or county) (State or foreign country)

10. Usual occupation painter

11. Industry or business _____

12. Name Lucian B Wright

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Tarleton

15. Birthplace Scott Co. Ky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. L. Wyatt

(b) Address Livingston, MO

17. (a) Burial (b) Date thereof Jan. 29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, MO

18. (a) Signature of funeral director W. J. ...

(b) Address Livingston, MO

19. (a) Feb. 3 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1940 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 18-1937
_____, 19____, to 2-27, 1940
that I last saw him alive on 9/18/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis

Due to _____

Due to _____

Other conditions: Gastric ulcer
(Include pregnancy within 3 months of death)
arterial sclerosis

Major findings: _____

Of operations _____

Of autopsy no

Duration _____

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) no

(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 B. H. Brasher M.D. (M.D. or other)

Address _____ Date signed _____

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.

RECEIVED
District Health Officer No. 8
District File Number 11/4/40
Date Filed

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 Leo A. McKean
Licensed Embalmer No. 2983
P. O. Address Leungton, 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, above space should be left blank.