

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Wright City  
(b) City or town Wright City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
East 2nd St. V  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 8 years  
years, months or days)

8. (a) PRINT FULL NAME BILLIE RAY DART

8. (b) If veteran, name war Child 8. (c) Social Security No. 2

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

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 25 1931  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Student

11. Industry or business Schools

12. Name Frank Dart

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

14. Maiden name Willie Ann

15. Birthplace Hubersburg, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Dart

(b) Address Wright City

17. (a) Burial (b) Date thereof Feb 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cummins, Tenn.

18. (a) Signature of funeral director Hedge Nelson

(b) Address Wright City, Mo. 3999

19. (a) FEB. 5, 1940 (b) W. H. Ditchett M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Wright City  
(If outside city or town limits, write "RURAL")  
(d) Street No. East 2nd St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4<sup>th</sup>  
year 1940 hour 2:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 3, 1940, to Feb 4, 1940;  
that I last saw her alive on Feb 4, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis

Due to Influenza

Due to \_\_\_\_\_

Other conditions Malnutrition  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. M. Stormont (M. D. or other) \_\_\_\_\_  
Address Wright City Date signed 2/7/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

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

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.

V. B. 6-2  
50M-517-39  
Rev. 5-17-39  
U. S. G. P. 1 X19511

RECEIVED

District Health Officer No. 6,

District File Number 340-675

Date Filed MAR 6 1940

*3 - The child was about 9 m. old*

**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. 2859  
working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

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.**