

Registration District No. 690

Primary Registration District No. 5918

Registrar's No. 2

FILED MAR 7 - 1940

1. PLACE OF DEATH:
(a) County Pike
(b) City or town New Hartford Rural
(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 Pearl Wright 623
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband F. W. Wright 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 27 1887
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 28 If less than one day hr. _____ min. _____

9. Birthplace New Hartford Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Charles Summers
13. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Alice Thompson
15. Birthplace Pike Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. J. Wright
(b) Address New Hartford Mo
17. (a) Burial (b) Date thereof 2-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hartford Cem
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo 93
19. (a) Feb 25-1940 (b) W. J. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town New Hartford Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb 25th day _____ year 1940 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15th 1940 to Feb 25th 1940; that I last saw him alive on Feb 1st 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung
Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 J. B. Bresson M.D. (M. D. or other) _____
Address Bowling Green Mo Date signed _____

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.

MARGIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 10

District File Number 3-40-490

Date Filed MAR 4 1940

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 Yvonne Bausch

Licensed Embalmer No. 2304

P. O. Address Banking House

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.