

Registration District No. **530**

Primary Registration District No. **67-0-74316**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Macon
 (b) City or town Elmer, Mo. Westport
(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) 7
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME GEORGIE WRIGHT L23
 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 7-1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business
 { **MOTHER FATHER**
 12. Name Tom Wright
 13. Birthplace Mo.
 14. Maiden name Marjorie Brankham
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Kinder
 (b) Address Waitsburg, Washington

17. (a) Burial (b) Date thereof May 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmer

18. (a) Signature of funeral director Clyde McCallum
 (b) Address Elmer, Mo.

19. (a) June 10 1940 (b) Mrs. Floyd Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Macon
 (c) City or town Elmer
(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 May day 27
 year 1940 hour 10 minute 30 P.M.
 21. I hereby certify that I attended the deceased from May 1 37
May 10, 1940 to May 10, 1940
 that I last saw her alive on May 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
 Due to Heart & Kidneys
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy WE
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?
47th _____
(Specify type of place) (e) Means of injury
 23. Signature W. N. Good (M. D. or other) _____
 Address Elmer Date signed 1940

2000

RECEIVED

District Health Officer No. 10

District File Number 40-7239

Date Filed JUN 12 1940

air post

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.....

Clyde McCallum

Registered Apprentice No.

working under my personal supervision.

Signed Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 330

Primary Registration District No. 4316

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Elmer
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Georgie Wright

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 20 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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 _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (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) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis chronic Duration _____

Due to Heart & Kidneys

Due to myocarditis chronic

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

Major findings: Of operations 131

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 W. H. Gooch (M. D. or other) _____

Address Elmer Mo Date signed _____

SUPPLEMENTARY

S-18939

Handwritten text, possibly a signature or name, located below the main number.