

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22506

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 2082

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Sedalia mo
(c) Name of hospital or institution:
City Hospital # 2
(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) 10 2 2

8. (a) PRINT FULL NAME ANNIE WRIGHT

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

4. Sex 7 5. Color or race Cal 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 _____
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 49 hr. min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Ernest Wright
13. Birthplace Copper Lake mo
(City, town, or county) (State or foreign country)

14. Maiden name Ann
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Leotis W Wright
(b) Address Bunceton mo

17. (a) 6-18-40 (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia mo

18. (a) Signature of funeral director J. W. Ferguson
(b) Address 117 E Jefferson St

19. (a) 6-18-40 (b) Miss Harry Sneed
(Date received notification) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Putnam
(If outside city or town limits, write "RURAL")
(d) Street No. 126 N. Henry
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 3:30 minute _____ M.

21. I hereby certify that I attended the deceased from May 15 to June 15, 1940,
that I last saw him alive on June 15, 1940,
and that death occurred on the date and at the place stated above.
Immediate cause of death Heart Failure Duration _____

Due to Cardio Artery

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92 13

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? 906
(Specify type of place) (e) Means of injury _____

23. Signature J. W. Ferguson (M. D. or other) _____

Address Sedalia mo Date signed _____

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

RECEIVED
District Health Officer No. 8
District File Number 7-11-40
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

F. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia 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.

04-81-2