

SEP 3 1940  
Registration District No. 1

Primary Registration District No. 1

Registrar's No. 189

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

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(c) Name of hospital or institution: Laughlin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 43 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Opal E. Wright 623

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

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

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

7. Birth date of deceased March 12, 1887  
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Private Secretary

11. Industry or business Real Estate

12. Name Willis P. Wright

13. Birthplace La Plata, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Anne Deaton  
(City, town, or county) (State or foreign country)

15. Birthplace La Plata, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Davis

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 8-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills

18. (a) Signature of funeral director Dee Riley

(b) Address Kirksville, Mo.

19. (a) Aug 17/40 (b) Spencer L. Neenan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 102 1/2 E. Washington  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13  
year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 8  
1940, to Aug 13, 1940

that I last saw him alive on Aug 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

White, Curdial

Due to operation for

Cancer of breast

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

Other conditions (Include pregnancy within 3 months of death) 50

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)

(or) Means of injury \_\_\_\_\_

23. Signature Spencer L. Neenan (M. D. or other) \_\_\_\_\_

Address Kirksville, Mo. Date signed Aug 17

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number: 8-40-1672

Date Filed Aug 23, 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.....

*Laura Riley*

Registered Apprentice No. *3907*

working under my personal supervision.

Signed *Laura Riley*

Licensed Embalmer No. *3907*

P. O. Address *Kirksville, Md*

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.