. No. 2
-11-10-39
5-17-39
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FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28565

Registration District No. 318 Primary Registration District No. 5439 Registrar's No. 661

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

9

1. PLACE OF DEATH:
(a) County GREENE McCammon Hill Fr
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 172
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits write "RURAL")
(d) Street No. Route 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Annie Mae Wright

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Solon Wright

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February (Month) 18 (Day), 1875 (Year)

8. AGE: Years ✓ 65 | Months 5 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Greene County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name John Grubbs
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Johnson
15. Birthplace Unknown Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Solon Wright
(b) Address Route 6, Springfield Mo

17. (a) Burial (Burial, cremation, or removal) **(b)** Date thereof 8-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Springfield Mo

19. (a) Aug 13, 1940 (Date received local registrar) W. E. Hardley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1940 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from June 15, 1940, to Aug 10, 1940 that I last saw her alive on Aug 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcinoma of liver (Primary) (Diagnosed by clinical findings & X-ray) — Duration yr

Due to undetermined

Due to

Other conditions None
(Include pregnancy within 3 months of death)

46

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature Don H Silsby (M. D. or other) M.W.
Address Springfield, Mo. Date signed 8/12/40

(Licensed Embalmer's Statement on Reverse Side)

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 C. C. George, Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield 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.