

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.

SEP 25 1940

Registration District No. **859** Primary Registration District No. **6130**

1. PLACE OF DEATH:
(a) County **Taney**
(b) City or town **Country (Rural)**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) **2**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Elizabeth Wright**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **yes**
4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Tom Wright** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Jan 6 1891**
(Month) (Day) (Year)

8. AGE: Years **49** Months **7** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Osage Co Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
MOTHER FATHER { 12. Name **Haran David**
13. Birthplace **Tennessee**
14. Maiden name **Ann Mischey**
15. Birthplace **Tennessee**

16. (a) Informant's own signature **Mrs. Mary M. Mether**
(b) Address **Branson Mo.**

17. (a) **Burial** (b) Date thereof **Aug 12 40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Edwards Funeral**

18. (a) Signature of funeral director **Edwards**
(b) Address **Branson Mo.**

19. (a) **8-11-40** (b) **John P. Sealed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Taney**
(c) City or town **Branson-Rural**
(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 **August** 11 day
year **1940** hour **4 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Feb 27 1938** to **Aug 11 1940**
that I last saw him alive on **Aug 10** and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Insufficiency**
Duration _____
Due to _____
Due to _____

Other conditions **High Blood Pressure**
(Include pregnancy within 6 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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? **yes** (Specify type of place) _____
(Specify type of place) (Means of injury)
28. Signature **John P. Sealed** (M. D. or other) **1940**
Address **Branson Mo.** Date signed **8-11-40**

RECEIVED

District Health Officer No. 6, 1940

District File Number 240-2608

Date Filed SEP-03-1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.