

FILED NOV 15 1940

Registration District No. 471Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JUANITA PEARL WRIGHT

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 Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased January 5 1929
(Month) (Day) (Year)8. AGE: Years 11 Months 8 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Carl Junction, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business _____

12. Name Silas Wright13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Ethel Bailey15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dailey Eugene Wright(b) Address Smithfield, Missouri17. (a) Burial (b) Date thereof Oct. 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Carl Junction Cemetery18. (a) Signature of funeral director W. J. ...(b) Address 1502 Joplin St. Joplin, Mo.19. (a) 10-30-40 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri (b) County Jasper
 (a) State _____
 (c) City or town Smithfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. Carl Junction, Route 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th
year 1940 hour 10 minute 35 A. M.21. I hereby certify that I attended the deceased from October 19th, 1940, to October 27, 1940
that I last saw her alive on October 27th, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial exhaustion following general peritonitis.

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Thrombosed coronary arteries with general peritonitis
Of autopsy 18-49-40

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 E. J. ... (M. D. or other) _____Address Joplin Mo Date signed 10-28-40

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. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.