

Registration District No. 656 Primary Registration District No. 5873 Registrar's No. \_\_\_\_\_

FILED DEC 12 1940

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Cooter Cooter (Twp)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot  
(c) City or town Cooter  
(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.

3. (a) PRINT FULL NAME Billie Mabel Wright

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

4. Sex male 5. Color or race white 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 8 26 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
12 1 6 hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name J. M. Wright

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Foster

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Wright

(b) Address Cooter, Mo

17. (a) Burial (b) Date thereof 10-3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Zion

18. (a) Signature of funeral director J. L. German

(b) Address St. Louis, Mo

19. (a) 12-10-1940 (b) Tom Bruggance  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2  
year 1940 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from Aug 15  
19, 1940, to Oct 2, 1940  
that I last saw him alive on Oct 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death barium  
of lung

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 5 months of death) \_\_\_\_\_

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?  
588 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. L. German (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12-10-19

**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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, 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.**