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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42414

Registration District No. 5402 Primary Registration District No. 283 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin Mo

(b) City or town Bubble Cardwell Mo
(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 years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Cardwell
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Martha Wright

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 13 (Day) 1860 (Year)

8. AGE: Years 80 Months 5 Days If less than one day hr. min.

9. Birthplace Garesville (City, town, or county) Ill (State or foreign country)

10. Usual occupation 1

11. Industry or business 1

FATHER
12. Name Edwin Kelley 1
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Will Jackson
(b) Address Cardwell Mo. Rte

17. (a) (Burial, cremation, or removal) (b) Date thereof Dec 6 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Harner

18. (a) Signature of funeral director A J Emerson
(b) Address Paragould Ark

19. (a) 1-22-41 (Date received local registrar) (b) E Newsom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5-1940
year 1940 hour 2' minute 25 P. M.

21. I hereby certify that I attended the deceased from November 25, 1940, to Nov 28, 1940; that I last saw her alive on November 28, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis	5 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 2 57 (Specify type of place)

While at work? (e) Means of injury

23. Signature M.C. Glasgow (M. D. or other) 1

Address Cardwell Mo Date signed 12-7-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 141-128
Date Filed 1/24/41

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.