

No. 2
11-10-39
-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6159

FEB MAR 11 1941

Registration District No. 31

Primary Registration District No. 50420

State File No. _____

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Wheaton
(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 Frank Riborn Cartwright

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Delilah B. Cartwright 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wiley J. Cartwright

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

14. Maiden name Julia Ann Greer

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

16. (a) Informant Ezary Cartwright
(b) Address Wheaton, Mo.

17. (a) Burial (b) Date thereof Feb. 2, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockycomfort Mo.

18. (a) Signature of funeral director Wm. Marshall Payne
(b) Address Wheaton, Mo.

19. (a) Feb. 10, 1941 (b) Donald Blankenship
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30
year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 10
1941 to Jan 30 1941
that I last saw him alive on Jan 29th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 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?
32 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John R. Ellison (M.D. or other) MD
Address Wheaton Mo Date signed 2-15-41

Duration

2 3/4

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 01

District File Number 341-336

Date Filed MAR 1 1941

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

Wm Morris Poque

Licensed Embalmer No. 144

P. O. Address Wheaton

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.