

1949 MAY 13 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13910

State File No. _____

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **382**

1. PLACE OF DEATH: **BUCHANAN**
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(c) Name of hospital or institution: **MO. METHO. HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **40 minutes**
(Specify whether years, months or days) **40 min**

3. (a) PRINT FULL NAME **ERMA MARIE WRIGHT**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife **-**
6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **October 27 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 7 hr. min.

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

10. Usual occupation **Infant**

11. Industry or business

12. Name **Cecil Clarence Wright**
13. Birthplace **Mapsville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Marie Water**
15. Birthplace **Mapsville, Colorado**
(City, town, or county) (State or foreign country)

16. (a) Informant **Weatherby, Wright**
(b) Address **Weatherby, Mo**

17. (a) **Burial** (b) Date thereof **4/16/1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Christian Chapel Cemetery**

18. (a) Signature of funeral director **O. A. Moore**
(b) Address **Cameron, Mo**

19. (a) **4/14/1941** (b) **W. R. Heston**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **DeKalb**
(c) City or town **Weatherby**
(If outside city or town limit, write "RURAL")
(d) Street No. **X** (If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **4**
year **1941** hour **1** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **April 4, 1941** to **April 4, 1941**
that I last saw her alive on **April 4, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia, Labor**
(Unknown) Duration **4 days**

Due to **108**

Due to **here**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **None**

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?

85 (Specify type of place)
While at work? (e) Means of injury **A**

23. Signature **W. R. Heston** (M. D. or other)
Address **St. Joseph Mo** Date signed **4/4/41**

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

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 not

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No. 1180

P. O. Address Cameron, N.C.

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.