No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 21368

FILED JUL 9 1941

Registration District No. 134 Primary Registration District No. 5189 Registrar's No. 7

**1. PLACE OF DEATH:**
(a) County CARROLL
(b) City or town WAKENDA MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Combs Rural 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community For Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County CARROLL 17
(c) City or town WAKENDA 0
(If outside city or town limits, write "RURAL")
(d) Street No. Combs Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MARY ETTA WRIGHT

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

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife WILLIAM F WRIGHT
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased APRIL (Month) 5 (Day) 1879 (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day hr. min.

9. Birthplace BOSWORTH (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business
FATHER
12. Name SAMUEL STAFFORD
13. Birthplace (City, town, or county) INDIANA (State or foreign country)
MOTHER
14. Maiden name SARAH BACER
15. Birthplace SARAH (City, town, or county) INDIANA (State or foreign country)
16. (a) Informant WILLIAM F WRIGHT
(b) Address WAKENDA MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 3-41 (Month) (Day) (Year)
(c) Place: burial or cremation BIG CREEK CEMETRY
18. (a) Signature of funeral director DAVID J. EDWARDS
(b) Address BOSWORTH MO
19. (a) June 2-1941 (Date received local registrar) (b) Mrs. A. G. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 1
year 1941 hour 2:00 minute P M.
21. I hereby certify that I attended the deceased from April 18, 1941 to June 1, 1941
that I last saw her alive on June 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardelis

Due to Carcinoma Primary of Rectum

Due to Secondary of Liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature A. G. Boss Brown (M. D. or other) M.D.
Address Bosworth Mo Date signed June 2 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-41

## 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 David J. Edward

Licensed Embalmer No. 3265

P. O. Address Bosworth Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

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