

FILED MAR 18 1942
Registration District No. 26

Primary Registration District No. 5102A

State File No.

Registrar's No. 5

1. PLACE OF DEATH:

(a) County. Bellingham
(b) City or town. near Glen Allen
(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. 5 1/2 years (Specify whether years, months or days)
In this community. 5 1/2 years

3. (a) PRINT FULL NAME

Ina Gertrude Wright

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
(b) Name of husband or wife. James S. Wright 6. (c) Age of husband or wife if alive. 50 years
7. Birth date of deceased. Feb. 4 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 21 hr. min.

9. Birthplace. Bellingham Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name William Pair

13. Birthplace Bellingham Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Gusskey

15. Birthplace Bellingham Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant. James S. Wright

(b) Address Glen Allen Mo.

17. (a) Burial (b) Date thereof Jan. 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Glen Allen Cemetery

18. (a) Signature of funeral director. Frank S. Morgan

(b) Address Advance Mo.

19. (a) 2/25/42 (b) Mrs. Geneva D. Dahan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bellingham
(c) City or town. Glen Allen, R. 1
(If outside city or town limits, write "RURAL")
(d) Street No. near Glen Allen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1942 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1/5/42
to 1/24/42
that I last saw him alive on 1/24/42
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage
Due to Cardio Vascular renal
changes
Due to.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 1/3/42

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?

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

23. Signature John J. Hynd (M.D. or other)

Address St. Louis Date signed 2/25/42

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

RECEIVED

District Health Officer No. 4
District File Number 342 - 329
Date Filed 9-11-43

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.....

Lloyd S. Morgan, Registered Apprentice No.
working under my personal supervision.

Signed.....

Lloyd S. Morgan
Licensed Embalmer No. 3369

P. O. Address Advance, 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, fact should be so stated above.