. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11083

Registration District No. 411 Primary Registration District No. 2002 Registrar's No. 130

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 11 da. (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Joplin "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. R F D 1, Box 113
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Amy Wright

3. (b) If veteran, name war

3. (c) Social Security No. 500-01-1464

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife L. E. Wright

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Oct. (Month) 13 (Day) 1902 (Year)

8. AGE: Years 39 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife & Seamstress

11. Industry or business Smith Brothers Mfg. Co.

FATHER
12. Name Riley Glennt
13. Birthplace Dadeville (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant L. E. Wright
(b) Address R F D 1, Box 113, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri

19. (a) 4-14-42 (Date received local registrar) (b) Gertrude Sudhoetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1942 hour 2:25 minute a M.

21. I hereby certify that I attended the deceased from 3-3, 1942 4-13, 1942 that I last saw her alive on 4-13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma gallbladder

Due to

Due to

46f

Other conditions (Include pregnancy within 3 months of death)

Operated by another [illegible]

Major findings: Of operations [illegible] bladder [illegible]

Of autopsy

Duration

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 Ed D James (M.D. or other)
Address Joplin, Mo. Date signed 4-14-42

1204 (Licensed Embalmer's Statement on Reverse Side)

42.3-329

APR 20 1942

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 F. M. Jones

Licensed Embalmer No. 2319.

P. O. Address Joplin 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.