

FILED MAY 20 1942

Registration District No. 638

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Memorial Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day**
(Specify whether
In this community **57 Years**
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Ann 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 **Single**

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

7. Birth date of deceased **Unknown Sept 13 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 hr. min.

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

10. Usual occupation **At home**

11. Industry or business.

12. Name **Robert A. Wright**
13. Birthplace **Lexington Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Settles**
15. Birthplace **Middletown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Wright**

(b) Address **Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **4/18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Gillespie Funeral Home**
903 S. Ohio, Sedalia, Missouri

(b) Address **4/18/42**

19. (a) **4/18/42** (b) **Mrs Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL.")
(d) Street No. **800 N. Prospect**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
year **1942** hour **8** minute **9** M.

21. I hereby certify that I attended the deceased from **Feb 1st** to **Apr 15th**
that I last saw her alive on **Apr 15th** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac degeneration and dilatation**

Due to **Myocarditis & Cardiac Hypertrophy**

Other conditions **Tropical**
(Include pregnancy within 3 months of death)

Major findings: Of operations **95c**

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 **W. J. Campbell** (M. D. or other)
Address **Sedalia, Mo.** Date signed **4-18-42**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42

JAN 12 1948

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.....

L. E. Bouillon

Licensed Embalmer No. 3867

P. O. Address Seelala Mx

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.