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5-17-39
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FILED DEC 12 1942

STANDARD CERTIFICATE OF DEATH

State File No. 37151

Registration District No. 123

Primary Registration District No. 5455

Registrar's No. 102

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural Walnut Grove Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural Walnut Grove Miss
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Margaret M. Wright

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1942 hour 6 minute 40 a.m.

4. Sex Female 5. Color or race w

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

6. (b) Name of husband or wife M. D. Wright 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased December 7 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 42 to Nov 15 1942 that I last saw her alive on Nov 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Conventions

8. AGE: Years 72 Months 11 Days 13 If less than one day hr. min.

Due to Apoplexy

Due to Atherosclerosis

9. Birthplace Christian County Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 8/20

10. Usual occupation Housewife

Major findings: Of operations.....

11. Industry or business General House work

Of autopsy.....

12. Name Andrew J. McCremon

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Stalthe Alexander

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. Wright

(b) Address Walnut Grove

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

(c) Place: burial or cremation Spring Creek Cemetery

18. (a) Signature of funeral director James D. ...

(b) Address Walnut Grove Mo

19. (a) 11-19-1942 (b) Nelson L. Murray
(Date received local registrar) (Registrar's signature)

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?.....

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

23. Signature J. J. ... (M. D. or other)
Address Walnut Grove Mo Date signed.....

RECEIVED

Greene County Health Office,

County File Number 42-12-106

Date Filed 12/10/42

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 Gene A. B...

Licensed Embalmer No. 3664

P. O. Address Waverly Grove 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.