

37855

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 10 1942

Registration District No. 292

Primary Registration District No. 5999

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Center, R F D
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 13 years

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Olla V 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, 2 divorced, Widowed

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

7. Birth date of deceased Sept 23 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace Navoo Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Wm H. Brown

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

14. Maiden name Mary Downing

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

16. (a) Informant's own signature _____

(b) Address Center Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42
(Month) (Day) (Year)

(c) Place: burial or cremation Center

18. (a) Signature of funeral director [Signature]

(b) Address Center

19. (a) Nov. 26 '42 (Date received local registrar) (b) Mrs. Carol Perkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls

(c) City or town Center R F D
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1942 hour 2 minutes 40 M.

21. I hereby certify that I attended the deceased from May 20, 1942 to Nov. 24, 1942
that I last saw her alive on Nov. 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

(Cancer) Carcinoma
chest and lungs
Due to Carcinoma of breast 8 years
(left breast)

Due to left breast removed
about 8 years ago diagnosed as
Cancer.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None

Of autopsy None

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 C. H. Brooks (M. D. or other) D.O.
Address Center, Mo Date signed Nov 26 1942

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

REV. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 110

Case No. 12-42-4018

Date Recd. Dec-8-1942

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 G. R. H. H.

Licensed Embalmer No. 3356

P. O. Address Center, Pa

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, above space should be left blank.