S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7233

State File No. 80 64 4

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 46

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: City Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia (If outside city or town limits, write "RURAL")
(d) Street No. 423 N. Mill (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DOROTHY WRIGHT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Living Wright
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased 11 (Month) 1 (Day) 1912 (Year)

8. AGE: Years 31 Months 3 Days 5 If less than one day ....hr. ....min.

9. Birthplace Pettis Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name William Whitley
13. Birthplace Pettis Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lula Jones
15. Birthplace Cooper Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Lula Whitley
(b) Address 423 N Mill Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Georgetown Mo
18. (a) Signature of funeral director A. D. Ferguson
(b) Address 117 E. Jefferson St
19. (a) 2-9-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

10.22

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1943 hour 5:30 minute 9 M.
21. I hereby certify that I attended the deceased from Jan 17, 19 43, to Feb 6, 19 43
that I last saw h-er alive on Feb 5, 19 43
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Operation for Appendicitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

12 11

Major findings: Of operations Inflamation of Appendix
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature D. K. Adams (M. D. or other)
Address Sedalia Mo Date signed 2-9-43

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 3-4-43

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.