

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14217
Do not use this space.

FILED MAY 7 1943

1. PLACE OF DEATH
 (a) County Quincy Registration District No. 107
 (b) Township _____ Primary Registration District No. 3019 Registered No. 33
 (c) City Bennett Mo (d) Street No. 510 Anthony St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MANDIE WRIGHT
 (a) Residence, No. 510 Anthony St. (If nonresident, give city or town and State) 3
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Arthur Wright Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 1869

7. AGE YEARS 74 MONTHS _____ DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

FATHER 13. NAME George Reynolds
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Margaret Floyd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

17. INFORMANT Mrs. Robert L. Lill
 (ADDRESS) 304 Madison Bennett

18. (BURIAL) CREMATION, OR REMOVAL PLACE Bennett DATE Apr 6 1943

19. FUNERAL DIRECTOR (NAME) W. J. Evers & Co
 (ADDRESS) Hammerfield Mo
Apr 5-4 3 John Blank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1942, to April 5, 1943
 I last saw her alive on April 4, 1943. Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus 1 year Date of onset 48
Senile Gastritis 2 mo

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) George Reynolds D.O.
 (Address) Bennett Mo 7110

RECEIVED

District Health Office No. 2,

District File Number 543-583

Date Filed 5-6-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.