

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18803

1 X32873

FILED JUN 7 1943 74

Registration District No. 3052

Registrar's No. 159

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:
1402 S. MONITEAU
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY CARBAUGH WRIGHT

3. (b) If veteran, name war F1 3. (c) Social Security No. No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2W
6. (b) Name of husband or wife JOHN 6. (c) Age of husband or wife if alive 28 years (Month) (Day) (Year)
7. Birth date of deceased 12 28 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 12 If less than one day hr. min.

9. Birthplace CROSS TIMBERS (City, town, or county) Mo (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name RHODALPHA CARBAUGH
13. Birthplace INDIANA Co. (City, town, or county) PENN (State or foreign country)
14. Maiden name ELIZA EATON
15. Birthplace INDIANA Co. (City, town, or county) PENN (State or foreign country)

16. (a) Informant DAISY MORTON
(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-12-1943 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA

19. (a) 5/12/43 (Date received local registrar) (b) Anna Berger (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. 1402 S. MONITEAU (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10th year 1943 hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from 7-24 43 to May 10 43 that I last saw him alive on May 10 43 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid Duration 1 yr
46

Due to Colostomy in March 1943

Other conditions Colostomy in March 1943
Major findings: Carcinoma with metastases to liver
Of operations Colostomy
Of autopsy Colostomy

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) (Specify type of place) (Specify type of place)
23. Signature A L Walter (M. D. or other) MD
Address Sedalia Mo Date signed 5-11-43

1022 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-83

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. 3867

P. O. Address Sealton

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.