

32321

State File No. 9

Registrar's No. 9

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

No. 2
-2-43
5-17-39
1 X36597

ED OCT 5 1943

Registration District No. 285

Primary Registration District No. 5977

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Aldrich Union Twp
(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 _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Aldrich 0
(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 Vernie 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, divorced 1

6. (b) Name of husband or wife Willard W. 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 30 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wayne Williams

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

14. Maiden name Jane Huffman

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

16. (a) Informant H. S. Spand

(b) Address _____

17. (a) Burial (b) Date thereof 8-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove

18. (a) Signature of funeral director Dutton & Co.

(b) Address Bolivar Missouri

19. (a) Sept 3 1943 (b) Rose Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd year 1943 hour 12 minute a. M.

21. I hereby certify that I attended the deceased from 4/5 1943, to 8/23 1943, that I last saw her alive on 5/23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinomatous of abdomen - Carcinoma of ovaries

Due to _____

Other conditions thy per thy order
(Include pregnancy within 3 months of death) not operated for years

Major findings: Of operations Exploratory Laparotomy - abdominal Carcinomatous

Of autopsy _____

Duration

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 [Signature] (M-D or other) _____

Address Med Urb Bolivar Mo Date signed 9/13/43

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

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. *3746*

P. O. Address..... *Bolinas, MA*

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.