

43335

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1944

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 400

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: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days) Three years

3. (a) PRINT FULL NAME

Mattie J. Wright

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samuel Wright 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Oct. 7, 1865 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Pettis Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name James E. Loller
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Emma Wapkins
(b) Address Atterville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Rock Fork

18. (a) Signature of funeral director James E. Richard
(b) Address Atterville Mo
19. (a) 12-26-43 (Date received local registrar) (b) Dr. 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. 300 West (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Nature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1943 hour Ten minute 30 P. M.

21. I hereby certify that I attended the deceased from 12-1-43 to 12-26-43, 1943, that I last saw her alive on August-10- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis
Due to Arteriosclerosis

Due to Senility
Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations —
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature A. R. Madrox (M. D. or other) MD
Address 116 1/2 W. Main Date signed 12-26-43

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

RECEIVED

Health Officer No. 8.

Date

1-1-44

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No.

2466

P. O. Address

Lipton

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.