

MARGIN RESERVED FOR BINDING

V. S. NO. 2
50M-9-19-50
I X 16503

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

JAN 11 1944

43510
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 294
(b) Township Sumner Creek Primary Registration District No. 3056 Registered No. 263
(c) City Moberly (d) Street No. 1405 S. Amer. St. Moberly Mo. 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 Eldora Wright
(a) Residence, No. 405 S. Amer. Moberly Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Wright</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9/19/1868</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>0</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>housework</u>			
	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) <u>Moberly Mo.</u>				
FATHER	13. NAME <u>Thomas Peter Dawson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Celine Dawson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>E. L. Wright</u> (ADDRESS) <u>409 West Carpenter</u>				
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Sumner Creek</u> DATE <u>12/21</u> , 19 <u>43</u>				
19. FUNERAL DIRECTOR (NAME) <u>Fred Thompson</u> (ADDRESS) <u>Moberly Mo.</u>				
20. FILED <u>12-21</u> , 19 <u>43</u> <u>Irma Havel</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>12/19</u> , 19 <u>43</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec-17</u> , 19 <u>43</u> , to <u>Dec-19</u> , 19 <u>43</u>	
I last saw <u>her</u> alive on <u>Dec-17</u> , 19 <u>43</u> Death is said to have occurred on the date stated above, at <u>10:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Influenza and edema of lungs</u>	
Other contributory causes of importance: <u>Senility</u>	Date of onset <u>12-17-43</u>
Name of operation _____ Date of _____	
What test confirmed diagnosis <u>clinical symptoms</u> Was there an autopsy? <u>No.</u>	
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? <u>No.</u> If so, specify _____ (Signed) <u>E. H. Snyder</u> , M. D. (Address) <u>Moberly, Mo.</u>	

RECEIVED

District Health Officer No. 10

District File Number 1-44-67

Date Filed JAN 10 1944

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 Walter Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Ky.

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.