

FILED FEB 21 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 31

26
5
4

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
Specify whether

In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL.")

(d) Street No. Parkview 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT-FULL NAME Jane Melinda Wright

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1944 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from June 10 to Feb 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Berechrol Nephroschiz

Duration 10 1/2

4. Sex Fe 5. Color W 6. (a) Single, widowed, married 1 divorced Married

6. (b) Name of husband or wife Isaac 6. (c) Age of husband or wife if alive 61 1/2 years

7. Birth date of deceased Oct 22 1884
(Month) (Day) (Year)

Due to Arterio Sclerosis

Other conditions 83a!

Major findings: Of operations 83a!

Of autopsy 83a!

8. AGE: Years 59 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Miller County Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Eri Hogue

13. Birthplace Miller County Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Amalene Snellings

15. Birthplace Miller County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Clinton Wright

(b) Address 1611 E Miller Jeff City Mo

17. (a) Burial (b) Date thereof Feb 9 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cemetery

18. (a) Signature of funeral director Janner Surver

(b) Address 702 Jefferson

19. (a) 2-10-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work? - (e) Means of injury 0

23. Signature J. J. Bruce (M. D. or other) MA
Address Jefferson City Mo Date signed 2/10/44

894

Burne

APR 25 1895

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 *S. H. Anderson*.....

Licensed Embalmer No. *3641*.....

P. O. Address *June*.....

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.