

U. S. No. 2
FORM-5-43
REV. 5-17-39
1 X36671

11504

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 8 1944

Registration District No. 2074

Primary Registration District No. 3043

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
St Elizabeth Hospital D

(d) Length of stay: In hospital or institution 10 days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike ⁸²

(c) City or town Rural ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillian Bertie Wright

3. (b) If veteran, name war 7

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Orwin Wright

6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased Sept 3rd 1885
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1944 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1944 to 2-29-44 19...
that I last saw her alive on Feb 25 19...
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>21</u>	hr. min.

Immediate cause of death Acute glomerular nephritis

Due to Acute glomerular nephritis

Other conditions (Include pregnancy within 3 months of death) 12/11

MOTHER FATHER

11. Industry or business _____

12. Name Wm Gilbert

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

14. Maiden name Annie C. Blackwell

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

16. (a) Informant Gilbert Wright

(b) Address Bowling Green Rd Rt 4

17. (a) Burial (b) Date thereof Feb 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Mo

18. (a) Signature of funeral director George T. Banchard

(b) Address Bowling Green Mo

19. (a) 3/2/44 (b) J. McConnoe
(Date received local registrar) (Registrar's signature)

Major findings: Appendicitis

Of operations Removal

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 J. McConnoe (M. D. or other) MD

Address 1001 Bowling Green Rd Date signed 2-28-44

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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 Grace Banfield

Licensed Embalmer No. 2204

P. O. Address Bowling Green, MO

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.