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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945
Registration District No. 101

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6014
Registrar's No. 3

Primary Registration District No. 5408

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

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Evans, Rural (If outside city or town limits, write "RURAL" and name of township) Voluntary Twp
(c) Name of hospital or institution:
(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 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Evans, Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 11
If yes, name country _____

3. (a) PRINT FULL NAME Della Mabel Wright
3. (b) If veteran, name war _____ 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5, 1930
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 12
year 1944 hour 6 minute 10 A. 11
21. I hereby certify that I attended the deceased from Sept 5
1944 to Dec 12 1944
that I last saw he alive on 11 Dec - 6 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
14 6 7 hr. _____ min.
9. Birthplace Hollister, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation School girl

Immediate cause of death Concussion
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER {
11. Industry or business _____
12. Name John Wright
13. Birthplace Buckhart, Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Flora Hicks
15. Birthplace Buckhart, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Louie Wright
(b) Address Evans, Missouri
17. (a) Burial (b) Date thereof 12-14-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Henderson
18. (c) Signature of funeral director Clinkingbeard Funeral
(b) Address Ava, Missouri
19. (a) 1-31-1945 (b) Lula Spurlock (Date received local registrar) (Registrar's signature)

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? _____
Time while at work? _____ (Specify type of place) (2) Means of injury 0
23. Signature [Signature] (M. D. or other) 0
Address [Signature] Date signed 12/18/44

(Licensed Embalmer's Statement on Reverse Side)

1056

1944

RECEIVED

District Health Officer No. 6,

District File Number 245-216

Date Filed FEB 1 1945

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

W. B. Hutchinson

Licensed Embalmer No.

3431

P. O. Address

Oran 2nd

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.