

FILED AUG 10 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 322

Primary Registration District No. 4472

Registrar's No. 17

1. PLACE OF DEATH: Saline

(a) County Saline

(b) City or town Saline

(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 25 years (Specify whether years, months or days)

In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

(c) City or town Saline

(d) Street No. 1

(e) Citizen of foreign country? No

If yes, name country:

3. (a) PRINT FULL NAME Georgia Wright

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex Female 5. Color Colored

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

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 28 - 1894

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12 year 1945 hour 12 minute 05-9 M.

21. I hereby certify that I attended the deceased from July 28th 1945 to July 26th 1945

that I last saw her alive on July 26th 1945 and that death occurred on the date and hour stated above.

8. AGE: 51 Years 3 Months 0 Days If less than one day hr. min.

Immediate cause of death Chronic Valvular Heart Disease

Due to Don't know

9. Birthplace Maryland

10. Usual occupation Housewife

Due to Don't know

Other conditions Interstitial Nephritis

11. Industry or business Don't know

12. Name James J. Wiley

13. Birthplace Bullington, Mo

14. Maiden name Don't know

15. Birthplace Don't know

Major findings: 131W

Of operations: 0

Of autopsy: 131W

16. (a) Informant Bennie Wright

(b) Address Saline

17. (a) Burial (b) Date thereof 7-31-45

(c) Place: Don't know

18. (a) Signature of funeral director James J. Wiley

(b) Address Saline, Mo

19. (a) 7-30-45 (b) Mrs. John G. Gigu

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? -

(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

23. Signature W. H. Madison (M. D. or other) -

Address Marshall Mo Date signed 7-29-45

Duration Don't know

Physician Don't know

Underline the cause to which death should be charged statistically.

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

7
2
1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-9-45

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. 2
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3143

P. O. Address Slater, 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.