

FILED OCT 18 1945

Registration District No. **524.8**

Primary Registration District No. **524.8**

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Rural Chariton**
(c) Name of hospital or institution: **Prairie Hill**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton 21**
(c) City or town **Prairie Hill - RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Nancy Janell Wright

3. (b) If veteran, name war. **-** 3. (c) Social Security No. **-**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Robert Wright** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **May 31 1868**
(Month) (Day) (Year)

8. AGE: Years **77** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

12. Name **J. B. Naylor**
13. Birthplace **Missouri**
14. Maiden name **Elizabeth Cleator**
15. Birthplace **Missouri**

16. (a) Informant **Rita Wright**
(b) Address **Salisbury, Mo**

17. (a) **Burial** (b) Date thereof **9-12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Prairie Hill Cemetery**

18. (a) Signature of funeral director **Geo Blunkel**
(b) Address **Salisbury Mo**

19. (a) **9-16-45** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT.** day **10TH**
year **1945** hour **9:00** minute **A** M.

21. I hereby certify that I attended the deceased from **APRIL 9, 1942** to **SEPT. 5, 1945**
that I last saw h. or a. alive on **SEPT. 5, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **INTERSTITIAL NEPHRITIS**
Duration **3 YRS**

Due to **ARTERIO SCLEROSIS**
ARMORE

Due to **INSANITY**

Other conditions **INSANITY**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131k**
Of autopsy **131k**
PHYSICIAN **[Signature]**
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 **E. L. Richardson** (M.D. or other) **?**
Address **SALISBURY** Date signed **SEPT 16 1945**

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

1
0
0

RECEIVED

District Officer No. 8,

District _____

Date Filed 10-11-48

DEC 14 1948

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.....

.....
working under my personal supervision.

..... Registered Apprentice: No.....

Signed

Chas Blunke Meyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury Md

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.