. No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 37950

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 1 sup
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller 66

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

(d) Street No. Franklin Township 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fannie Kathrine Wright

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased September (Month) 17 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	1	20	hr. min.

9. Birthplace Linn Creek (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name McCagger Stout
13. Birthplace (City, town, or county) Scotland (State or foreign country) 4

MOTHER
14. Maiden name Kathrine McGinnis
15. Birthplace (City, town, or county) Missouri (State or foreign country) c

16. (a) Informant Mrs. James Hutchinson
(b) Address Eldon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Toll Woods Cemetery

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Eldon, Missouri

19. (a) 11-9-45 (Date received local registrar) (b) Alvenetta Waltz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1945 hour 7 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1945, to Nov 7, 1945;
that I last saw her alive on Nov 7, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	3 dys
Due to Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature G D Waller (M. D. or other)
Address Eldon Mo Date signed 11/9/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number
Date Filed 12-6-45

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 Louis D. Phillips, Registered Apprentice No. working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.