

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 9 1945
Registration District No. 274

Primary Registration District No. 3052

State File No.

Registrar's No. 364

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
800 N. PROSPECT /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 64 YEARS (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME ELIZABETH SETTLES 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 WID.
6. (b) Name of husband or wife R.A. WRIGHT 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 1 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 6 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace MT. STERLING KY.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name WILLIAM SETTLES

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

14. Maiden name LUCINDA GARDNER

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

16. (a) Informant ED C. WRIGHT

(b) Address SEDALIA

17. (a) BURIAL (b) Date thereof 12/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Geo. Dillard

(b) Address SEDALIA

19. (a) 12/30/45 (b) A. J. Campbell
(Date received local registrar) (Registrar's signature)

(c) Address SEDALIA MO

Date signed 12-30-45

(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 800 N PROSPECT
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 28 year 1945 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from DEC 28 to DEC 28 1945 that I last saw her alive on DEC 27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration Duration _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature W. J. Bishop (M. D. or other) MD.

Address SEDALIA MO

Date signed 12-30-45

(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-8-46

JAN 21 1946

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 _____

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.