S. No. 2
M—2-43
. 5-17-39
-1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17346

Registration District No. 200 Primary Registration District No. 5726 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Middle Fork
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1 Jacksonville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1 Jacksonville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISA WRIGHT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benj. Franklin Wright

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

7. Birth date of deceased Nov-16-1854 (Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Anderson Sumpter

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

14. Maiden name Dorcas Rice

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

16. (a) Informant Jim Wright
(b) Address RFD #1 Jacksonville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-31-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Woodville Mo

18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri

19. (a) 4/16/46 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1946 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Diabetes	7 months
Due to	
Other conditions Arteriosclerosis (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

23. Signature H. G. Edwards (M. D. or other)
Address Brewer Mo Date signed 3/29/46

185 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-1007
Date Filed MAY 23 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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.