

FILED JUL 9 1946

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 292

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

1. PLACE OF DEATH:

(a) County Calloway

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

(c) Name of hospital or institution: State Hospital no 12  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 mo 12 days  
(Specify whether name)

In this community name  
years, months or days

3. (a) PRINT FULL NAME LIZZIE WRIGHT

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: March 15th 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: Columbia mo  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Josie Burton !

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

14. Maiden name Susan Hendrickson

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

16. (a) Informant Records State Hosp

(b) Address Fulton mo

17. (a) removal (b) Date thereof 6-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Univ.

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton mo

19. (a) 6-24-1946 (b) Josie Mansukhoff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kennett Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 East 24th  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1946 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from June 15  
1946 to June 17 1946  
that I last saw her alive on June 16 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 308

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature J. C. Caldwell (a) \_\_\_\_\_  
Address Fulton mo (b) 6/17/46

18544

4  
1  
2

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 7-8-46

---

---

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 Reynold C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.