

**FILED JUN 25 1946**

Registration District No. 39 Primary Registration District No. 4099

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill  
(If inside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Old Town 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruby Beryl Wright

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe / 5. Color or race wh

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 6 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>5</u>	hr. min.

9. Birthplace Trenton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at Home

MOTHER FATHER

12. Name William Warren

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

14. Maiden name Pearl Osburn

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

16. (a) Informant Mrs. Guy Coulter Dorr

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Mo.

18. (a) Signature of funeral director J. Virgil Spurrell

(b) Address Pleasant Hill Mo.

19. (a) June 18 1946 (b) Laura Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass **19**

(c) City or town Pleasant Hill **2**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1946 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 1946 to June 11 1946  
that I last saw her alive on June 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory paralysis  
arterio-sclerosis

Duration 1 week

Due to Brain tumor 2 years

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

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

Major findings: Of operations gtd

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)  
(c) Means of injury 2

23. Signature Bernard Jander O.D. (M. D. or other)

Address Pleasant Hill, Mo. Date signed 6/11/46

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**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.....

*J. Virgil Herrick*  
.....

Licensed Embalmer No. 3599

P. O. Address Pasaut Hill,

**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.**