. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23207

Registration District No. 36a Primary Registration District No. 6232 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural Bridgeport
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Two miles South of Jonesburg 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME NITTIE M. 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 Single

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

7. Birth date of deceased Dec (Month) 12 (Day) 1886 (Year)

8. AGE: Years 60 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Fairbury (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation at Home

11. Industry or business .....

FATHER
12. Name J. T. Wright
13. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Annabell Watson
15. Birthplace Fairbury (City, town, or county) Ill 1 (State or foreign country)

16. (a) Informant Mrs. Madelon Casner
(b) Address Jonesburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg Mo

18. (a) Signature of funeral director C. A. Harding
(b) Address Jonesburg Mo

19. (a) 6-9-47 (Date received local registrar) (b) Mrs. Fred Morrey (Registrar's signature) 27-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 4, 1947, to June 8, 1947;
that I last saw her alive on June 7, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Hydronephrosis of Kidney

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 52A

Of autopsy .....

Duration

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? 2
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr. J. E. Kinder (M. D. or other) 80
Address Jonesburg Mo. Date signed 6/9/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-25-42

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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.