

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(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 65 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town SAVANNAH
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Wright

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Willis Wright 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 1 - 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER
11. Industry or business _____
12. Name John Christianson
13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Gintner
15. Birthplace Andrew Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant my wife, Willis Wright
(b) Address Savannah Mo

17. (a) B (b) Date thereof 10-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH

18. (a) Signature of funeral director E. B. Breech

(b) Address Savannah Mo

19. (a) 10-4-47 (b) Lillian Sparks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 9th to Oct 1st 1947 that I last saw her alive on Oct 1st 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 1 yr

Due to _____

Due to 46F

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

Major findings: Carcinoma of liver

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause of 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 0

23. Signature W. H. Keely (M. D. or other) _____

Address Rosendale Inc Date signed Oct 1-47

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

2
10

OCT 13 1947

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address: *Sacramento*

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.