

1. PLACE OF DEATH:  
(a) County Vermon  
(b) City or town Thomas Andrew Right  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Home - 304 So. Olive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vermon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 304 So. Olive St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas A. Right  
3. (b) If veteran, name war no  
3. (c) Social Security No. 229683

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 18 year 1947 hour 8:15 minute P.  
21. I hereby certify that I attended the deceased from Oct-9-47 to Oct-17-47 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Araminda Catharin Right  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased: Oct 22 1880  
(Month) (Day) (Year)

Immediate cause of death Heart failure  
Due to Chronic Bronchitis  
Asthma  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: ✓  
Of operations \_\_\_\_\_  
Of autopsy no

8. AGE: Years Months Days If less than one day  
66 11 27 hr. min.

9. Birthplace Simpsonville Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel + Restaurant

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

MOTHER FATHER  
12. Name Andrew Jackson Right  
13. Birthplace Atlanta Georgia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Araminda T. Right  
(b) Address 304 S. Olive - Nevada, Mo.  
17. (a) Burial (b) Date thereof 10-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director William S. Dwyer  
(b) Address Nevada, Mo.

19. (a) 10-24-47 (b) Kathryn Nancy  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature T. J. [unclear] (M. D. or other)  
Address Nevada, Mo. Date signed 10/20/47

Duration 9 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
DR. J. H. HESSIN  
Officer No. 78  
9-17-1242  
Date Filed 10-27-42

**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..... *Allen V Hays* .....  
Licensed Embalmer No..... *1968* .....  
P. O. Address..... *Nevada* .....

**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.