. S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1948

Registration District No. 376

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15291

Primary Registration District No. 4560

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Wright

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

(c) Name of hospital or institution: At Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

(c) City or town Norwood 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Dovey Cathryn Cartwright

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 Widow 2

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

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

7. Birth date of deceased Mar (Month) 26 (Day) 1867 (Year)

8. AGE: Years 80 | Months 11 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Wright County (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Martain Ussery
13. Birthplace Wright County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Marson
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) X Informant Mrs Ben Ouiend

(b) Address Norwood, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Thomas A. Houldin

(b) Address Box 136, Norwood, Mo.

19. (a) 3-22-48 (Date received local registrar) (b) Mrs. A. R. Worsham 9400 (Registrar's signature) by Mrs Roy Burnett Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from March 1, 1948, to March 7, 1948 that I last saw her alive on March - 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cosanary

Due to Artemis Sclerosis

Due to .....

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

Major findings:
Of operations .....
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? ..... (Specify type of place)

(e) While at work? ..... (e) Means of injury .....

23. Signature [signature] (M.D. or other)

Address Norwood Mo Date signed 3/20/1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 448-435
Date Filed 4-17-48

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 XXXXXXXXXXXX

Remains were not embalmed, Registered Apprentice No.,

working under my personal supervision.

Signed Thomas F. Hourdin

Licensed Embalmer No. 4317

P. O. Address Norwood, Va.

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.