FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17249

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 130

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: McCormick Hospital
(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 Randolph 88

(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No. 707 Gratz Brown 3
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Eldoro Wright

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

4. Sex female 1 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Arthur H. Wright 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May (Month) 10 (Day) 1871 (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation housewife

11. Industry or business ____

FATHER
12. Name Woodson Hagar
13. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Susan Francis Hagar
15. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. George Baker
(b) Address Moberly, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/8/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Barb J. Batton
(b) Address Huntsville, Mo.

19. (a) May 8-48 (Date received local registrar) (b) Leah Williams Louie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Jan, 19 48 to May 5, 19 48
that I last saw her alive on May 5, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration

Due to Hypertensive heart disease

Due to

Other conditions 3-1 heart block
(Include pregnancy within 3 months of death)

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

While at work? ____ (e) Means of injury 2

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

Address Moberly Mo Date signed May 7-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 5-48-88
MAY 17 1948
Date Filed

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 Paul T. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, 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.