

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20427

Registration District No. 290 Primary Registration District No. 4427 State File No. Registrar's No. 74

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Min.
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Janice Maxine 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 Baby
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 1 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name James Wright
13. Birthplace Iberia, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lois Alberta Allen
15. Birthplace Falcon, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James Wright
(b) Address Waynesville, Mo.
17. (a) Removal (b) Date thereof 6 19 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director Walter O. Hedges
(b) Address Iberia, Missouri
19. (a) June 21, 1948 (b) Helma C. Buckholz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski
(c) City or town Waynesville
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 6 minute _____ P. M.
21. I hereby certify that I attended the deceased from May 18
1948 to June 16 1948
that I last saw h. u alive on 6 - 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Congenital malformation incl. Spina bifida
Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Wm. R. Saylor (M. D. or other) _____
Address Waynesville, Mo Date signed 6/21/48

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

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.....

Walter P. Hedges

....., Registered Apprentice No.....

working under my personal supervision.

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Meriden, 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.