

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **23827**

National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. **279**Primary Registration District No. **30.52**Registrar's No. **211**

1. PLACE OF DEATH:

(a) County **Pettis**
 (b) City or town **Sedalia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **605 N. Prospect**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ruth Wright**

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

4. Sex **Fe** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Ed. Wright** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **Dec. 4 1885** (Month) (Day) (Year)

8. AGE: Years **53** Months **2** Days **6** If less than one day
hr.min.

9. Birthplace **Lincoln Nebraska** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

12. Name **Ulysses S. Grant**
 13. Birthplace **Unknown Scotland** (City, town, or county) (State or foreign country)
 14. Maiden name **Viola M. Stansberry**
 15. Birthplace **Birmingham, Iowa** (City, town, or county) (State or foreign country)

16. (a) Informant **Ed. Wright**
 (b) Address **605 N. Prospect, Sedalia, Mo**
 17. (a) **Burial** (b) Date thereof **7-19-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **D. W. Hechart**
 (b) Address **Sedalia, Mo**
 19. (a) **7-19-48** (b) **Betty Yeager**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
 (c) City or town **Sedalia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **605 N. Prospect**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
 year **1948** hour **2** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Nov-47**
 19 to **16 JULY 1948**
 that I last saw him alive on **16 JULY 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **MALIGNANT GROWTH - OVARIAN WITH METASTASIS**
 Duration **5 MOS.**

Due to
 Due to

Other conditions **NONE**
 (Include pregnancy within 3 months of death)

Major findings: **NO CANCER IN J.A.N. 1948 ON OPERATION**
 Of autopsy **NOT DONE.**

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?
 While at work? (Specify type of place) (e) Means of injury

23. Signature **Paul A. Dower** (M. D. or other)
 Address **Sedalia Mo** Date signed **17 July 1948**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-21-49

1781 42700

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 _____

John G. Cantlon

Licensed Embalmer No. 4389

P. O. Address Sedalia, 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.