

FILED NOV 23 1948

Registration District No. 193

Primary Registration District No. 4306

Registrar's No. 15

1. PLACE OF DEATH:

(a) County McDonald  
(b) City or town Goodman  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home in Goodman  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 36 Years  
years, months or days

3. (a) PRINT MELISSA ELIZABETH WRIGHT  
FULL NAME

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William P. Wright  
6. (c) Age of husband or wife if alive 90 years  
7. Birth date of deceased January 22 1863  
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name William H. Garrison  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Anders  
15. Birthplace Howard County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Junie L. Garrett  
(b) Address Goodman Mo

17. (a) Burial (b) Date thereof 10-8-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodman, Missouri

18. (a) Signature of funeral director John B. Popineau  
(b) Address Goodman, Missouri

19. (a) Oct. 9, 1948 (b) Mrs. Fred W. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald  
(c) City or town GOODMAN  
(If outside city or town limits, write "RURAL")  
(d) Street No. Home in Goodman  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1948 hour nine minute 0 P. M.

21. I hereby certify that I attended the deceased from September 30,  
1948, to October 5, 1948;

that I last saw her alive on October 5, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Insufficiency  
Due to Postive Hemorrhage  
Due to Severe Hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations A3  
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) (e) Means of injury Stroke

23. Signature Harold C. Ward, D.O. (M. D. or other) D.O.  
Address Goodman, Mo. Date signed 10/7/48

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

10-1-1918

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**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 B. Papinian* .....

-- Licensed Embalmer No. *4476*

P. O. Address..... *Goodman, 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.**