

FILED DEC 22 1948

Registration District No. **7**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County **CALLAWAY**  
(b) City or town **FULTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **(CALLAWAY HOSPITAL)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 HRS**  
(Specify whether years, months or days) **67 YEARS**

3. (a) PRINT FULL NAME **(Mrs Dean Wright) GERDENA ALIDA 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 **3**

6. (b) Name of husband or wife **EDWARD WRIGHT** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JAN. 14 1877**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **10** Days **29** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **DK. HOLLAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE KEEPER**

11. Industry or business \_\_\_\_\_

12. Name **JOHN MORSEINKHOFF**

13. Birthplace **DK. HOLLAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **GERTRUDE REKERS**

15. Birthplace **DK. HOLLAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS R.C. ELLIS**

(b) Address **FULTON**

17. (a) **BURIAL** (b) Date thereof **DEC. 14, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PIONEER FULTON, MO.**

18. (a) Signature of funeral director **Glen G. Maupin**

(b) Address **712 Court Fulton, Mo.**

19. (a) **Dec. 14, 1948** (b) **Jane Morseinkhoff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**  
(c) City or town **FULTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **903 JEFFERSON**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **13**  
year **1948** hour **5** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Aug**, 1946, to **12-13**, 19**48**  
that I last saw her alive on **12-13**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy - due to hypertensive** Duration **20 hours**

Due to **Hypertensive Cardio Renal Vascular Disease**

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (2) Means of injury **0**

3. Signature **Jane Morseinkhoff** (M. D. or other) **Reg**

Address **Fulton Mo.** Date signed **12/15/48**

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

MOTHER FATHER

Date Filed DEC 21 1948  
District File Number                     

District Health Officer No. 9,  
RECEIVED

DEC 21 1948

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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 Walter J. Haines, Jr.  
Licensed Embalmer No. 4557

P. O. Address Fulton, 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.