

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11307

State File No. _____
Registrar's No. 2085

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 2085			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4412 Labadie Ave.,				d. STREET ADDRESS (If rural, give location) 4412 Labadie Ave., 0							
3. NAME OF DECEASED (Type or Print)		a. (First) LATTIE		b. (Middle) J.		c. (Last) WRIGHT		4. DATE OF DEATH (Month) (Day) (Year) March 3, 1950.			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 20, 1897.		9. AGE (In years last birthday) 52		10. MONTHS _____	11. DAYS _____	12. HOURS _____	13. MINS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Stewartville, Ind. /			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John W. James			13b. MOTHER'S MAIDEN NAME Francis M. Jones			14. NAME OF HUSBAND OR WIFE Roy A. Wright Dec.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. #96-18-9695		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances McKee, 1910 Farrogut Ave.,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic							
				ANTECEDENT CAUSES							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabates Mellitus						6 yrs.	
				DUE TO (b) _____							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS							
				Conditions contributing to the death but not related to the disease or condition causing death. _____							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 260X							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____							
22. I hereby certify that I attended the deceased from Sept 1, 1944 to Mar 3, 1950, that I last saw the deceased alive on Mar 3, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.											
23a. SIGNATURE Wm E Rubenstein (MD)				23b. ADDRESS 4114 Easton				23c. DATE SIGNED 3/3/50.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Woodland Cem.		24d. LOCATION (City, town, or county) Jonesboro, Ark.		(State) _____			
DATE REC'D BY LOCAL MAR 4 1950		REGISTRAR'S SIGNATURE J. B. Fauster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.,					

(Licensed Embalmer's Statement on Reverse Side)

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

X

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. M. Bentley*.....
Licensed Embalmer No. *3653*.....

P. O. Address: *St. Louis, 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.