

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2043

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5905		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <i>Remount</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		c. LENGTH OF STAY (In this place) <i>1 wk</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville 0721</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Marsh Farm</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cara</i> b. (Middle) <i>Grauer</i> c. (Last) <i>Wright</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 1, 1951</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept 12, 1856</i>	9. AGE (In years last birthday) <i>94</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retail Newspaper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Printing</i>		11. BIRTHPLACE (State or foreign country) <i>Jennings, Illinois</i>		12. CITIZENSHIP OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Benjamin Franklin Grauer</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth</i>		14. NAME OF HUSBAND OR WIFE <i>(Don't know) E.A. Wright (desc)</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Eric Wright - Portageville, Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchiopneumonia & Chr. Passive Congestion of lungs</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Nephritis</i> DUE TO (c) <i>Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Malignant Hypertension</i>				INTERVAL BETWEEN ONSET AND DEATH <i>5 da.</i> <i>6 mos.</i> <i>? 443x</i> <i>?</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 <i>12-27, 1950</i> , to <i>Jan. 1, 1951</i> , that I last saw the deceased alive on <i>Dec. 31, 1950</i> , and that death occurred at <i>12 9 m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>John Killion MD</i> (Degree or title)				23b. ADDRESS <i>Portageville, Mo</i>		23c. DATE SIGNED <i>1-3-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-3-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Portageville Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-19-51</i>		REGISTRAR'S SIGNATURE <i>John W. Herman</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>406 De Leale Fun. Parlor</i>		ADDRESS <i>Portageville Mo.</i>	

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

0780
1

1-51-19

MAR 27 1951

MAR 15 1951

DEC 18 1953

JAN 20 REC'D

B. Beechor, M. D.,
Memiscot County Health Department,
Caruthersville, Missouri

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 Herbert J. Gan Jr.
.....

Licensed Embalmer No. 4800

P. O. Address Postageville

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.