

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11395

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 11

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY WRIGHT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wright | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MTN GROVE | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn Grove | |
| c. LENGTH OF STAY (in this place) 50 YEARS | | 1141 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MAIN STREET | | d. STREET ADDRESS (If rural, give location) 646 W. Pine Street | |

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|---|-------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARTHA | b. (Middle) | c. (Last) KENT | 4. DATE OF DEATH (Month) (Day) (Year) 3 8 51 |
|---|-------------|-----------------------|--|

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|------------------|---------------------------|---|--------------------------------------|---|--|--------------------------------|
| 5. SEX F. | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH JULY 17 1879 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR 7 MONTHS 21 DAYS | IF UNDER 18 HRS. 0 MIN. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) CABOOL MO. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Peebles ALBERT WRIGHT | 13b. MOTHER'S MAIDEN NAME SARAH SULLIVAN | 14. NAME OF HUSBAND OR WIFE MILO J. KENT |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Helen Kent | ADDRESS Mtn. Grove, Mo. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Haemorrhage cerebral | | INTERVAL BETWEEN ONSET AND DEATH 6 Mar 1951 | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | | Not known |
| | DUE TO (c) Arteriosclerosis | | | Not known |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **16 July 1949**, to **8 March 1951**, that I last saw the deceased alive on **7 March 1951**, and that death occurred at **8:45 p. m.**, from the causes and on the date stated above.

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|---|---------------------------------------|---------------------------------------|
| 23a. SIGNATURE [Signature] (Degree or title) D. M. D. | 23b. ADDRESS Mountain Grove Mo | 23c. DATE SIGNED 10 March 1951 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3/12/51 | 24c. NAME OF CEMETERY OR CREMATORY GREENWOOD | 24d. LOCATION (City, town, or county) (State) TEXAS Co MO. |
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| DATE REC'D BY LOCAL REG. 3-10-51 | REGISTRAR'S SIGNATURE A. B. Ames | 348 | 25. FUNERAL DIRECTOR'S SIGNATURE Rev Barber | ADDRESS Mtn. Grove, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

WRIGHT CO. HEALTH DEPT.
County File Number 251-24
Date Filed 3-17-51

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Grove, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 11395

State of Missouri }
County of Wright } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 18 day of March, 1951, before me appears.....

A. B. Ames, who, upon his oath, states that the original record of ^{birth} death for Martha Karl died March 8, 1951, in the State of Missouri, and which was filed at Mountain Grove on Mar 10, 1951, should be corrected as follows:

Item No. 13a should read Albert Wright Peables
Instead of Albert Wright

Item No. should read.....
Instead of.....

Item No. should read This certificate is No 11 in my series.
Instead of.....

Item No. should read.....
Instead of.....

Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant A. B. Ames Local Registrar
312 Oakland Ave Relationship.
Mountain Grove, Mo.
Present Address.

Subscribed and sworn to before me this..... day of....., 1951.....

My Commission expires..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAR 30 1951