

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 100

941

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN BONNE TERRE 0941 (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 404 D. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 D. ST.			

3. NAME OF DECEASED a. (First) MALINDA b. (Middle) JANE c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) MARCH 17 1952		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 8, 1871	9. AGE (In years last birthday) 81	10 UNDER 1 YEAR 0 Months	11 UNDER 1 YEAR 9 Days	12 UNDER 1 YEAR 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) WASHINGTON Co., Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME TAYLOR MORRIS	13b. MOTHER'S MAIDEN NAME NANCY NIXON	14. NAME OF HUSBAND OR WIFE JAMES W WRIGHT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN WRIGHT ADDRESS BONNE TERRE 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 7 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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) 002X
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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?
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22. I hereby certify that I attended the deceased from **MCH-1, 1951**, to **MCH-17, 1952**, that I last saw the deceased alive on **MCH-17, 1952**, and that death occurred at **11:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. L. Lewis (Degree or title) M.D.	23b. ADDRESS Bonne Terre Mo	23c. DATE SIGNED 3-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 20, 1952	24c. NAME OF CEMETERY OR CREMATORY HALL CEMETERY	24d. LOCATION (City, town, or county) (State) FRENCH VILLAGE MO
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DATE REC'D BY LOCAL REG. Mar. 18, 1952	REGISTRAR'S SIGNATURE E. O. Ruder	25. FUNERAL DIRECTOR'S SIGNATURE Benham & Co. Bonne Terre Mo ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clarence J. Raywell*.....

Licensed Embalmer No. *3706*.....

P. O. Address *Brownsville, 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.