

REC'D SEP 14 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

28316

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 807  
 (c) City St. Joseph (d) Street No. 909 North Maine St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hattie E. Wright 623

(a) Residence, No. 909 North Maine, St. Joseph, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Riley Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marion County 1  
 (STATE OR COUNTRY) Indiana 9

FATHER 13. NAME Unknown 9  
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9  
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Electa McClure  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Dick McDaniel  
 (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oshorn, Kansas DATE August 5, 1938

19. FUNERAL DIRECTOR Walter Meierhoffer  
 (ADDRESS) 1302 Taram Bldg

20. FILED 8/14 1938 A. H. Heston  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to Aug 3, 1938  
 I last saw her alive on Aug 3, 1938. Death is said

to have occurred on the date stated above, at 10:15 pm.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of chest

Date of onset  
Unknown

Other contributory causes of importance:  
Hernia of Diaphragm

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-Ray & Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Albert H. Muench, M. D.

(Signed) 85 (Address) Kirkpatrick Bldg.

53E

STATEMENT BY LICENSED EMBALMER

I, Wilber Kelly, Licensed Embalmer No. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wilber H. Kelly

Licensed Embalmer No. 3946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28 316

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 95-  
 (b) Township St Joseph Primary Registration District No. 1001  
 (c) City St Joseph (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 807

2. PRINT FULL NAME Hattie E. Wright

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 9 29

Carcinoma of chest  
nearby area  
of lungs  
47 1/2  
 Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
Vermin of Discharge

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19\_\_\_\_ Local Registrar \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Albert H. Muench, M. D.  
 (Address) Ryefield Park Bldg  
St Joseph Mo

SUPPLEMENT

REGISTERED SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATIONS VERY IMPORTANT.

1938

S-28216