

1939 FEB 23

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

1519
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township Wheaton Primary Registration District No. 5042c Registered No. 3
(c) City Wheaton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Billie Joy Cartwright

(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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 10

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

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

13. NAME Oren M. Cartwright

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

15. MAIDEN NAME Vera Potts

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

17. INFORMANT Vera Cartwright (ADDRESS) Wheaton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE Jan 15 1939

19. FUNERAL DIRECTOR (NAME) Rogue and Son (ADDRESS) 321

20. FILED Jan. 30., 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 13 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 11 1939, to Jan 13 1939.
I last saw her alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

Angioneurotic Edema of the glottis & bronchial tubes Date of onset Jan 11-39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinoid Was there an autopsy? no

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? no
If so, specify _____
(Signed) John R. Tolman M. D. (Address) Wheaton Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-437

Date Filed FEB 17 1939

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,

Wm. Morris Pope

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Wm. Morris Pope

Licensed Embalmer No. 342

P. O. Address

Wheaton 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, above space should be left blank.