FILED JUN 4 1940

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

18058
Do not use this space.

1. PLACE OF DEATH
(a) County Camden 2 Registration District No. 120
(b) Township Russell Primary Registration District No. 5172 Registered No. 7
or
(c) City Macksburg (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida May Wright
(a) Residence, No. Macks Creek Mo Rt 2 St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 19 - 1872

7. AGE Years 67 Months 10 Days 25 If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Stover Mo

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

MOTHER
15. MAIDEN NAME Mary A. Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Archie Jones Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Ridge DATE 4-16-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L B Jones Buffalo Mo 115

20. FILED 4-16-1940 Dr G. T. Myers Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1940, to 4/14, 1940
I last saw her alive on 4/13, 1940 Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pordiac Anaemia	4/1/39
12 4 18	
Other contributory causes of importance:	
Ferrous J Lions	1938

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) L. A. Glover, M. D.
(Address) Urbana Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.