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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28013

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 917

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

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5
7

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 319 South 31st. Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 54 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 319 South 31st.Street. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 69 years.

3. (a) PRINT FULL NAME Martha Mathilda Wright, 623

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Otis W. Wright, 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 30, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	19	hr. min.

9. Birthplace Danville, Canada, 2 (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Daniel Bartlett,
13. Birthplace Unknown, England, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha A. Wyatt,
15. Birthplace Unknown, Canada, 2 (City, town, or county) (State or foreign country)

16. (a) Informant Roy B. Wright

(b) Address 3132 Edmond Street,

17. (a) Mount Mora Cem (Burial, cremation, or removal) (b) Date thereof 8/21/40 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery

18. (a) Signature of funeral director Neaton - B. Gole Bowman Funeral

(b) Address 319 So.10th. Street, Home

19. (a) 8/21-1940 (Date received local registrar) (b) H J Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19th, year 1940 hour 12:00 minute 45 a M.

21. I hereby certify that I attended the deceased from Aug 1, 1939, to Aug 19, 1940, that I last saw her alive on Aug 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver

Due to

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 (Specify type of place)

While at work? (e) Means of injury

23. Signature H F Mundy (M. D. or other) MD!

Address 404 So 3d, st. Date signed 8/20/40

(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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Frank A. Bowman

Licensed Embalmer No. 7710

P. O. Address St Joseph 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.