

No. 2
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7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28218

Registration District No. 156

Primary Registration District No. 5219

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Cass
(b) City or town: Harrisonville Rural-Earth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years, months or days 173

2. USUAL RESIDENCE OF DECEASED:

(b) State: Mo. (b) County: Cass
(c) City or town: Harrisonville (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27
year 1940 hour 1 minute 00 A.
21. I hereby certify that I attended the deceased from Feb 10
1940 to Aug 27 1940
that I last saw her alive on June 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Continued of the
Genex
several relaxation
of Proximal
Senility Cardiac
failure
Duration 17 mo
Due to 20 yrs
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 48
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME: OCTAVA WRIGHT

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

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

6. (b) Name of husband or wife: Andrew Wright 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Aug (Month) 11 (Day) 1853 (Year)

8. AGE: Years 85 Months 17 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Petersburg Ind. (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: Jess Spradling (City, town, or county) Tenn (State or foreign country)
13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name: Susan Allen
15. Birthplace: _____ (City, town, or county) No. Carolina (State or foreign country)

16. (a) Informant: Mrs E. A. Pringley
(b) Address: Harrisonville Mo.

17. (c) burial (b) Date thereof: Aug 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery

18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.

19. (a) 8/28/40 (b) Jessie M. S.
(Date received by registrar) (Registrar's signature)

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? 845

While at work _____ (Specify type of place) _____
(e) Means of injury _____

28. Signature: David Stone (M. D. or other) _____
Address: Harrisonville Mo Date signed 8/28-40

Dr Long

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

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 Ernest R. Runnenbeger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.