

1150 OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32388

State File No. 13

Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(c) Name of hospital or institution 905 Franklin
(d) Length of stay: In hospital or institution 20
In this community Life

3. (a) PRINT FULL NAME Prudence Cravens Wright

3. (b) If veteran, name war. 3. (c) Social Security No.

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

6. (b) Name of husband or wife Zacharia Wm. Wright 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Dec. 25 1958

8. AGE: Years 81 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Ray Co. MO

10. Usual occupation at home

11. Industry or business

12. Name David Cravens

13. Birthplace Memphis Tenn.

14. Maiden name Nancy Mc Mullins

15. Birthplace Memphis Tenn.

16. (a) Informant Elvira Wright

(b) Address Lexington Mo

17. (a) Burial (b) Date thereof Sept. 9-40

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Winkles

(b) Address Lexington Mo

19. (a) Sept 8-1940 (b) Delia Bally

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette
(c) City or town Lexington
(d) Street No. 905 Franklin
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1940 hour 04 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/13/40 to Sept. 9th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with liver metastases

Due to

Other conditions Diabetes Mellitus

Major findings: Of operations none

Of autopsy none

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?

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

23. Signature O. J. Coland

Address Lexington, Mo Date signed 10/2/40

Duration 6 months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

W. J. L.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-10-40

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 *Geo. A. McKean*
Licensed Embalmer No. 2983
P. O. Address *Lynnwood, 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.