

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

33393

FILED OCT 18 1940

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 861

Primary Registration District No. 6172

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Jonesburg
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 200
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community about 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Jonesburg RFD
(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.

3. (a) PRINT FULL NAME Annabell Wright

3. (b) If veteran, name war _____ 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 Joseph Wright 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Sept 28 1863 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day hr. _____ min. _____

9. Birthplace St. Clairburg Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Watson

13. Birthplace Scotland (City, town, or county) (State or foreign country)

14. Maiden name Mary Dempster

15. Birthplace Scotland (City, town, or county) (State or foreign country)

16. (a) Informant John Wright

(b) Address Strabala, Mo.

17. (a) Jonesburg Cemetery (b) Date thereof Sept 11 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg, Mo.

18. (a) Signature of funeral director Paul A. Harding

(b) Address Jonesburg, Missouri

19. (a) Oct 11 1940 (b) A. W. Reeling (Date received local registrar) (Registrar's signature)

002 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9 year 1940 hour 6.30 minute P. M.

21. I hereby certify that I attended the deceased from July 27 1940 to Sept 9 1940 that I last saw him alive on Sept 6 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 3 days
Due to Carcinoma of larynx 1 yr.
Due to Interstitial Nephritis 2 yrs.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature James D. Nelson (M. D. or other) _____
Address New Florence Mo. Date signed 2-10-40

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.....

Carl A. Harding....., Registered Apprentice No.....
working under my personal supervision.

Signed *Carl A. Harding*.....

Licensed Embalmer No. *4115*.....

P. O. Address *Jonesburg, 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.