

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6682**

60 MAR 14 1941
Registration District No. **298**

Primary Registration District No. **3011**

Registrar's No. **25**

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

1. PLACE OF DEATH:

(a) County Clay
 (b) City or town Excelsior Springs
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 408 Wildwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Over 1 year
 years, months or days

3. (a) PRINT FULL NAME Elizabeth Wright

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

4. Sex F **5. Color of race** Wh. **6. (a) Single, widowed, married, divorced** Widow

6. (b) Name of husband or wife Chas Wright **6. (c) Age of husband or wife if alive** years

7. Birth date of deceased May 27 1856
 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 9 If less than one day _____ min.

9. Birthplace Miller ville Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Joseph Bartoldus
13. Birthplace Romania
 (City, town, or county) (State or foreign country)
14. Maiden name Ellen Klein
15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs E M Burp
(b) Address 408 Wildwood Excelsior Springs Mo

17. (a) Burial, cremation, or removal at home **(b) Date thereof** 7/14/41
 (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director David J. Quinn
(b) Address Kansas City Mo.

19. (a) 2-11-1941 **(b) Mrs R. M. Macken**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3914 Woodland 8
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
 year 1941 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1941, to Feb 11, 1941
 that I last saw her alive on Feb 11, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Myxoedematous pneumonia

Due to Senility + Flu

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

Major findings: 320
 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?

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

23. Signature David J. Quinn (M. D. or other) 0
Address Excelsior Springs Mo. **Date signed** 7/14/41

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 Harold Perry

Licensed Embalmer No. 4097

P. O. Address KC 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.