

No. 2  
11-10-39  
1-17-40  
1-18-40  
1-19-40

AUG 8 1941 391

Registration District No. 391

Primary Registration District No. 55462

Registrar's No. 49

1. PLACE OF DEATH:  
(a) County Iron  
(b) City or town Rural Arcadia Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
The Home Praced Baptists, Stanton, Mo  
(If in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years & 2 days  
(Specify whether in this community 2 years & 2 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Iron 047  
(c) City or town Rural - Arcadia  
(If outside city or town limit, write "RURAL")  
(d) Street No. Home for aged Baptist  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Margaret Anna Wright  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 7<sup>th</sup>  
year 1941 hour 11 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Monroe Isaac & one Mr. Wright 6. (c) Age of husband or wife if alive both dead years  
7. Birth date of deceased: Sept. 7, 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1<sup>st</sup>, 1941, to July 7<sup>th</sup>, 1941;  
that I last saw her alive on July 4<sup>th</sup>, 1941,  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 10 Days none If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death acute cardiac failure Duration 7/7/41  
Due to chronic myocarditis ?

9. Birthplace Near Stanton Mo. (City, town, or county) (State or foreign country) D

Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: old fractured leg  
Of operations \_\_\_\_\_  
Of autopsy no

11. Industry or business Own home

MOTHER FATHER  
12. Name Laura A. Waltman  
13. Birthplace Bedford Co., Pennsylvania (City, town, or county) (State or foreign country)  
14. Maiden name Mary A. Meyers  
15. Birthplace Bedford Co., Pennsylvania (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank Burney

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(b) Address Stanton, Mo.

17. (a) Buried (b) Date thereof 7-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Arcadia Tex.

(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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director James Robert Lee  
(b) Address Stanton, Mo.

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

19. (a) Aug - 2 - 41 (b) Julia A. Huerton  
(Date received local registrar) (Registrar's signature)

23. Signature P. E. Harland (M. D. or other) 22  
Address Stanton, Mo. Date signed 7/8/41

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

7  
0  
0

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**