

Registration District No. 6820Primary Registration District No. 4408Registrar's No. 30

## 1. PLACE OF DEATH:

(a) County Pike  
 (b) City or town Bowling Green Mo  
 (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)

(d) Length of stay: In hospital or institution no (Specify whetherIn this community 4 yrs.  
years, months or days)3. (a) PRINT FULL NAME Annie C Wright3. (b) If veteran, no name war. 3. (c) Social Security Pension4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow6. (b) Name of husband or wife A Jack Wright 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased March 8 - 1862  
(Month) (Day) (Year)8. AGE: Years 79 Months 6 Days 18 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Ashley Mo  
(City, town, or county) (State or foreign country)10. Usual occupation at Home

## 11. Industry or business

MOTHER FATHER  
 12. Name Henry Reid  
 18. Birthplace D.R. Maryland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Rebecka Wells  
 15. Birthplace N. K. Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Floyd Wright(b) Address New Hartford Mo17. (a) Burial (b) Date thereof 9-28-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial Indian Creek Cem18. (a) Signature of funeral director W. B. ELMORE(b) Address Bowling Green19. (a) 9-20-41 (b) W. B. Elmore  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike(c) City or town Bowling Green Mo  
(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 Sept day 26  
year 1941 hour 12 minute 40 P. M.21. I hereby certify that I attended the deceased from Nov 1938  
to Sept 26, 1941;that I last saw her alive on Sept - 26, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_Due to Arterio Sclerosis.

Due to \_\_\_\_\_

Other conditions g & a  
(Include pregnancy within 8 months of death)Major findings: None  
Of operationsOf autopsy None

## 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 Walter Barrington (M. D. number) \_\_\_\_\_Address Bowling Green, Mo Date signed 9/28/41

RECEIVED

District Health Officer No. 10

District File Number 10-41-1796

Date Filed ---OCT---8-1941---

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 W B Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.