

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1132

Primary Registration District No. 5870

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Bragg City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Rural - Bragg City
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. South of Bragg City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1941 hour 9:10 minute 45 a.m.
21. I hereby certify that I attended the deceased from Oct. 24
1941 to 19;
that I last saw her alive on Oct 24 8am 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diphtheria

Duration
3 days

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 10

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 IF
23. Signature As Shurey (M. D. or other)
Address Hayti, Mo. Date signed 10-24-41

3. (a) PRINT FULL NAME Mary Louise Wright
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 7 1937
(Month) (Day) (Year)

8. AGE: Years 4 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Carl Wright
13. Birthplace Anna, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Bessie Tucker
15. Birthplace Unknown, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Wright
(b) Address Bragg City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-41
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon
(b) Address Peunet, Mo
19. (a) 10-24-41 (Date received local registrar) (b) Mrs. T. R. Cole (Registrar's signature)

591 (Licensed Embalmer's Statement on Reverse Side)

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

8000

11-41-6

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.....

Body not embalmed, 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, fact should be so stated above.