

FILED FEB 18 1942

Registration District No. **47**

Primary Registration District No. **2002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joshua Mo.

(c) Name of hospital or institution: Truman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Cherokee

(c) City or town Galena Kansas
(If outside city or town limits, write "RURAL")

(d) Street No. P. J. D. # 2 Box # 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MAYME WRIGHT Stillson

3. (b) If veteran, name war _____

3. (c) Social Security No. 46-01-2690

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st, year 1942 hour 5 a.m. minute _____ a.m.

21. I hereby certify that I attended the deceased from 19 to January 31, 1942

that I last saw her alive on January 31, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Dr. Stillson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 5 - 1894
(Month) (Day) (Year)

Duration 3 days

Due to general peritonitis 2 wks.

Due to Respiratory appendix

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>26</u>	_____hr. _____min.

Other conditions (Include pregnancy within 3 months of death) 121.1

Major findings: Of operations Abd. opened & drained 1-23-42

Of autopsy _____

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

9. Birthplace Santha Mo. Co.
(City, town, or county) (State or foreign country)

10. Usual occupation women in sewing room making shirts

11. Industry or business Shirts

MOTHER FATHER

12. Name John Thomas Wright

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

14. Maiden name Annah Wade

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

16. (a) Informant Wright Stillson

(b) Address Galena Heights

17. (a) Burial (b) Date thereof 2/2/42
(Place, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem. father's m.

18. (a) Signature of funeral director Beice and Co.

(b) Address Galena Heights

19. (a) 2-4-42 (b) Ed Spence
(Date received local registrar) (Registrar's signature)

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 John M. D. O. (M. D. or other)

Address John Mo. Date signed 2-3-42

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

427-110

MAY 11 1942

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 Free

Lex Neal Shewmake, Registered Apprentice No. _____
working under my personal supervision.

Signed Lex Shewmake

Kansas Licensed Embalmer No. 1998

P. O. Address Salina, Kansas

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.