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7. 5-17-39
X26390

14941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 25 1942

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1917 Settles St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 1917 Settles st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6
year 1942 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Webster Wright 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 4 1918
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis
Arterio Sclerosis

8. AGE: Years Months Days If less than one day
64 10 2 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Hydesburg MO
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Humphrey Marcellius
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucretia
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Webster Wright
(b) Address 1917 Settles st
17. (a) _____ (b) Date thereof 4 8 42
(Burial, exsation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery
18. (a) Signature of funeral director Geo. E. Roberts
(b) Address Hannibal, Mo
19. (a) 4-13-42 (b) Robt. W. Connor
(Date received local registrar) (Registrar's signature)

23. Signature Charles Smith (M.D. or other) Connor
Address Hannibal, Mo Date signed 2

1146 (Licensed Embalmer's Statement on Reverse Side)

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

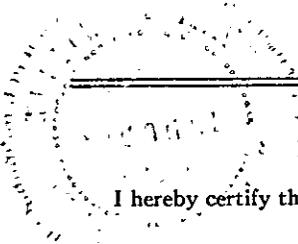
24
3
4

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.



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 Geo. E. Roberts

Licensed Embalmer No. 2113

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.