V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

Registration District No. 678

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5904

State File No. 22012

Registrar's No.

81 0 0

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Soldiers Home Hospital 8 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs (Specify whether years, months or days)
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town St James (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.? 0 years.

3. (a) PRINT FULL NAME Nancy A Wright
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced 2 Wid
6. (b) Name of husband or wife John R Wright
6. (c) Age of husband or wife if alive, dead years 1858
7. Birth date of deceased 5 (Month) 18 (Day) (Year)

8. AGE: Years 84 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Crawford Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Jesse Dodd
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Sarah Hall
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant John Wright
(b) Address St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Miles Cem
18. (a) Signature of funeral director W G Luchlder
(b) Address St James Mo
19. (a) 6/27/42 (Date received by local registrar) (b) Chancie Dickson (Registrar's signature)

1071

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19 year 1942 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased from January 24 1942, to June 19 1942, that I last saw her alive on June 19 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Liver — Duration 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46f
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature William H Brewer (M. D. or other)
Address St James Mo Date signed 6-20-42

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No._____, working under my personal supervision.

Signed Orell E Lickliter

Licensed Embalmer No. 3546

P. O. Address St Ignace Mi

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.