

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23714

FILED AUG 18 1942

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Andrew,
(b) City or town Savannah,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dr. Nichols Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)
In this community 16 days,

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois, (b) County Marion,
(c) City or town Alma,
(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.? No. 2 years.

3. (a) PRINT FULL NAME Barthenia Jane Wright,

8. (b) If veteran, name war None, 8. (c) Social Security No. None,

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife William Edward Wright, 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 29th, 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Montgomery County, Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER
12. Name John Stanley Bowles
13. Birthplace Unknown, Illinois,
(City, town, or county) (State or foreign country)
14. Maiden name Frances Elizabeth Bandy,
15. Birthplace Unknown, Illinois,
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. E. Wright,
(b) Address Alma, Illinois,
17. (a) Removal (b) Date thereof 7/17/42.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Illinois,

18. (a) Signature of funeral director Frank A. Bourn,
(b) Address Savannah, Missouri,

19. (a) 7-17-42 (b) F. A. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from July
1, 1942 to July 17, 1942
that I last saw her alive on July 17, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Hypostatic
Pneumonia

Due to Carcinoma of breast
left.
Due to Failing compensation
of heart.

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations _____
Of autopsy _____

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) _____
(e) Means of injury _____

23. Signature J. C. Manning (M. D. or other) _____
Address Savannah Mo Date signed 7/17/42

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.....7-17-42

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

Signed Wm E. Zimmerman

Licensed Embalmer No. 507

P. O. Address 319 A. W. H. Tower

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.