

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 273

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town freedom  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Stationary no. 1 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 hr 6 m. 7 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone  
(c) City or town Oshtemo  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Raney Wright

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Female 5. Color or race W 6. (a) Single, ~~widowed~~, married, divorced single

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

7. Birth date of deceased Feb given  
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days ..... If less than one day  
.....hr. ....min.

9. Birthplace mo (City, town, or county) (State or foreign country) 0

10. Usual occupation.....

11. Industry or business.....

MOTHER { 12. Name W

13. Birthplace W (City, town, or county) (State or foreign country) 9

14. Maiden name W

MOTHER { 15. Birthplace W (City, town, or county) (State or foreign country) 9

16. (a) Informant Record

(b) Address.....

17. (a) Remove (b) Date thereof 8/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W

(b) Address W

19. (a) 8-30-1943 (b) W  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 27  
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-20-  
1943 to 8-26- 1943

that I last saw him alive on 8-26- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain  
myocarditis

Due to Branch pneumonia

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 93d

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?  
.....

While at work?..... (Specify type of place)

(e) Means of injury.....

Signature W. E. Stearns (M. D. or other)

Address W Date signed 8/27/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14  
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**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 *Leo G. Wallace.*

Licensed Embalmer No. *3373.*

P. O. Address *Jupiter Mo*

**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.**