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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42430

FILED DEC 28 1943

Registration District No. 13

Primary Registration District No. 5521

Registrar's No. 5

1. PLACE OF DEATH:

(a) County HICKORY Center Twp

(b) City or town ~~HERMITAGE~~ (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED: 43

(a) State MISSOURI (b) County HICKORY 0

(c) City or town ~~HERMITAGE~~ (RURAL) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Center
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME IDA WRIGHT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race N

6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife

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

7. Birth date of deceased 11 (Month) 26 (Day) 1867 (Year)

8. AGE: Years 67 Months 0 Days 8 If less than one day hr. min.

9. Birthplace HICKORY CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name AARON BOYD
13. Birthplace (City, town, or county) KENTUC KY (State or foreign country)

MOTHER
14. Maiden name NANCY STROUD
15. Birthplace (City, town, or county) ARK (State or foreign country)

16. (a) Informant Perkins ~~Joe~~ BOYD
(b) Address HERMITAGE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY CEMETRY

18. (a) Signature of funeral director GILBERT HATHAWAY
(b) Address WHEATLAND, MISSOURI

19. (a) Dec 14-43 (Date received local registrar) (b) Mary F Carlstrom (Registrar's signature)

1094 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4 year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20, 1943 to Dec 2, 1943; that I last saw her alive on Dec 2 1943, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufisiency — Duration 2 week

Due to cerebral appoplexy — 4 mo

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

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 C. D. Bailey Jr. (M. D. or other) Do

Address Hermitage Mo Date signed Dec 10 1943

DEC 2 9 1943

RECEIVED
District Health Officer No. 7,
District File Number 11-43-1373
Date Filed 12-27-43

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 Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Wyo.

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.