

FILED AUG 10 1944

Registration District No.

Primary Registration District No. 5133

Registrar's No. 800

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: LA 24

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Easton Rural
(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 MARY ELIZABETH WRIGHT

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 28 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 11 9 hr. min.

9. Birthplace Clinton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY OLDAKER

{ 13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

{ 14. Maiden name NANCY KERNS

{ 15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant GERTRAUDE WRIGHT

(b) Address EASTON Mo.

17. (a) B (b) Date thereof Aug 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FREEMAN CHAPEL

18. (a) Signature of funeral director J. J. Brown

(b) Address Steubenville Mo.

19. (a) 8/9/44 (b) Helen J. Oschke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1944 hour 11 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Aug 7 1944
that I last saw her alive on Aug 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Uterus 3 years

Due to _____

Due to Chronic Myocarditis 10 years

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

Major findings: H&P

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Martin (M.D. or other) DO
Address Steubenville Mo. Date signed 8-8-44

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

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 J. G. Brown
Licensed Embalmer No. 952
P. O. Address Stewartville 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.