. No. 2
—8-43
5-17-39
X37823

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

31872

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33044

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excalsior Springs
(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
In this community 16 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Ray

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

(d) Street No. ---------- 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Myrtle Bright

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife E.H.Bright

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

7. Birth date of deceased Mar. (Month) 10 (Day) 1878 (Year)

8. AGE: Years 68 Months 6 Days 30 If less than one day ..... hr. ..... min.

9. Birthplace Hardin (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name James Lentz
13. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Kate Sinclair
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Clara Morrison
(b) Address Excelsior Springs. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lavelock Cemetery

18. (a) Signature of funeral director E. Hurman
(b) Address Richmond. Mo.

19. (a) 10/12/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 9
year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 8, 1946, to Oct 8, 1946
that I last saw her alive on Oct 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration few hrs.

Due to —

Due to

Other conditions
(Include pregnancy within 3 months of death)

94A

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 [signature] (M. D. or other) MW.
Address Excelsior Springs Mo. Date signed 9 Oct. 1946

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8.
District File Number
Date Filed 10-19-46.

JAN 28 1949

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 [signature]

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.