S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 210

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 1824

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: Mercer

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

(c) Name of hospital or institution: Axtell Hospital

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

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Mercer

(c) City or town: Rural (If outside city or town limits, write "RURAL")

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

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

If yes, name country: no

3. (a) PRINT FULL NAME: Elizabeth Wright

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: widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Sept 3, 1870 (Month) (Day) (Year)

8. AGE: Years 76 | Months 4 | Days 13 | If less than one day: hr. min.

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

10. Usual occupation: housewife

11. Industry or business:

FATHER

12. Name: Snyder

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

MOTHER

14. Maiden name: unknown

15. Birthplace: unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant: Eldon Wright

(b) Address: Mill Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 18, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Princeton

18. (a) Signature of funeral director: Noel Moss

(b) Address: Princeton, Mo

19. (a) 1-20-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 16 year: 1947 hour: 6 minute: 45 p. m.

21. I hereby certify that I attended the deceased from January 6, 1947, to January 16, 1947; that I last saw her alive on January 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition — Duration: 5 weeks

Due to: Senile Dementia

Due to:

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

Major findings:
Of operations: 162 B
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: 2

23. Signature: Byron D. Axtell (M. D. or other) D.O.

Address: Princeton, Mo. Date signed: 1/17/47

190 (Licensed Embalmer's Statement on Reverse Side)

FEB 20 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl Mass

Licensed Embalmer No. 2634

P. O. Address Cameron 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.