

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17186
Registrar's No. 437

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution approx. 9 hr.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair 93
(c) City or town Collins
(d) Street No.
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Myrtle Florence Wright
3. (b) If veteran, name war.
3. (c) Social Security No.

4. Sex F / 5. Color or race WHITE
6. (b) Name of husband or wife Reuben Wright
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 28 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 14
If less than one day hr. min.

9. Birthplace Warsaw Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER
12. Name Abraham Lines 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irene Smith
(b) Address 514 S. 7th

17. (a) Burial (b) Date thereof 5-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Robinson
(b) Address Osceola Mo

19. (a) 4-12-47 (b) W. E. Haudley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12 th.
year 1947 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 11, 1947 to May 17, 1947 that I last saw her alive on May 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Heart disease

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950
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

23. Signature W. E. Haudley (M. D. or other)
Address Springfield Mo. Date signed 5/12/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

September 14, 1943

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Ossoda 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.