

FILED AUG 11 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 925

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Mercy Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week (Specify whether  
 In this community Lifetime (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Edith Margaret Wright

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Fred R. Wright 6. (c) Age of husband or wife if alive 54 years  
 7. Birth date of deceased November 18 1896  
 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 16 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

Birthplace St. Joseph Missouri  
 (City, town, or county) (State or foreign country)

Usual occupation Housewife

11. Industry or business At home

12. Name Herman C. Zebrook

13. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Gaumnant Senkaph

15. Birthplace Unknown Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred R. Wright

(b) Address 2411 So. 10th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Aug. 6, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Central St., St. Joseph, Mo.

19. (a) 8-7-47 (b) G. G. Jenkins  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //  
 (c) City or town St. Joseph  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2411 So. 10th Street 7  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No) 2  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th  
 year 1947 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 3 1947 to August 4 1947  
 that I last saw h. or alive on Aug. 3 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Pancreas Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Cancer of Pancreas PHYSICIAN \_\_\_\_\_

Of autopsy H6 P Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 2

23. Signature Dr. J. P. Leung (M. D. or other) D.O.

Address 823 Mason St. St. Joseph, Mo. Date signed 8-4-47

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

NOTED BY REGISTER 11/10/73

**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 *Albert C. Harrington*  
Licensed Embalmer No. *3258* *Missouri*  
P. O. Address..... *St. Joseph, 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.**

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 23417-47

County of Buchanan ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 925

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 9 day of September, 1955, before me appears Alma D. Birkhell, who, upon her oath, states that the original record of ~~birth~~ death for Edith Margaret Wright, died August 4, 1947, in the State of Missouri, and which was filed at St. Joseph on Aug. 7, 1947, should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 14 should read Anna Gonskoph

Instead of Anna Gounstaut

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Alma D. Birkhell, Sister Relationship.

2824, S. 17th St. Present Address.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1955.

My Commission expires Nov 3, 1956 Irving P. Balawat Notary Public.

