

No. 2
2-45
17-39
X47070

FILED AUG 13 1947

Registration District No. 199

Primary Registration District No. 3127

Registrar's No. 126

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Wells City
 (c) Name of hospital or institution:
811 N. WALKER
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 5 yrs years, months or days)

3. (a) PRINT FULL NAME Mary Emeline Wright
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 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 Feb 5, 1867
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation: at home

11. Industry or business: _____

12. Name: NO DATA Mrs. Mary

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

14. Maiden name: NO DATA

15. Birthplace: NO DATA (City, town, or county) _____ (State or foreign country)

16. (a) Informant: Mrs. Pearl Williams

(b) Address: Princeton, Mo

17. (a) (Burial, cremation, or removal): Burial (b) Date thereof Aug 3, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Carterville Cem

18. (a) Signature of funeral director: Wells City Ind Co
 (b) Address Wells City, Mo

19. (a) AUG. 2. 47 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Wells City (If outside city or town limits, write "RURAL")
 (d) Street No. 811 N. Walker (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1947 hour 10.15 minute 0 M.
21. I hereby certify that I attended the deceased from 7-3 1947 to 8-1 1947
 that I last saw her alive on 8-1 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: acute nephritis
 Due to stroke following a fall on 7-31-47
 Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: 1860 A / 1860 J
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 7-3-47
 (c) Where did injury occur? Wells City Jasper mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
 While at work? _____ (c) Means of injury fall
23. Signature: [Signature] (M. D. or other) NO 2
 Address Wells City, Mo Date signed 8/2/47

Dr. Slaughter
47-8-613

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..... *Rose Blanford*.....

Licensed Embalmer No..... *4015*.....

P. O. Address..... *Webb City*.....

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.