S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18561

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 3215

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Hours (Specify whether years, months or days)
In this community: 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No.: 116 E. Jefferson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: INDIA PEARL WRIGHT
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Notley Wright
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 14 (Day) 1877 (Year)
8. AGE: Years 71 Months 1 Days 2 If less than one day hr. min.
9. Birthplace: Shelby Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Martin Stuart
13. Birthplace: Shelby Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Harriett McWilliams
15. Birthplace: Shelby Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs. Lee Wright
(b) Address: Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-20-48 (Month) (Day) (Year)
(c) Place of burial or cremation: Leonard Cemetery
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 6-24-48 (Date received by local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1948 hour 11 minute 22 p M.
21. I hereby certify that I attended the deceased from June 17, 1948, to June 17, 1948, that I last saw her alive on June 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	1 hr.
Due to: Chronic myocarditis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: A. P. Hudson (M. D. or other)
Address: Kirksville, Mo. Date signed: 6-21-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1948

RECEIVED
District Health Office No. 3
District File Number 6-48-1154
Date Filed JUN 29 1948

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, [redacted] .....

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

working under my personal supervision.

Signed Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.