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FILED JUL 27 1948

Registration District No. **133**

Primary Registration District No. **5483**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
County Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3: (a) PRINT FULL NAME Floretta Wright

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William Wright deceased

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

7. Birth date of deceased Jan 20 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Daviess County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business _____

12. Name James Johnson

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

14. Maiden name Martha Hathway

15. Birthplace Daviess County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ira York

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof June 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kedwell cemetery

18. (a) Signature of funeral director W. S. Noble

(b) Address New Hampton Mo

19. (a) July 2 1948 (b) Zola Burres
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

(d) Street No. West part of Bethany
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 10 minute 5 a.m.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw her alive on June 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency

Due to _____

Due to _____

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

Major findings: Of operations 136

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? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature D. J. Bell (M. D. or other) _____

Address Bethany Mo Date signed June 31/48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
COLUMBIA, 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

W G Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.