

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25187

FILED JUL 16 1948

Registration District No. 347

Primary Registration District No. 6170

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
 (b) City or town rural McKinley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community month (Specify whether)
 years, months or days)

3. (a) PRINT FULL NAME Mildred Marie Wright

3. (b) If veteran, name war X
 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 Robert Wright
 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Oct. 31, 1911
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>7</u>	<u>11</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Will Baugh

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

14. Maiden name Ella Cloud
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Helen Pritchard

(b) Address Abesville, Mo.

17. (a) burial (b) Date thereof June 14, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery, Crane, Mo.

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) June 19, 1948 (b) Lena Murray
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
 (c) City or town rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Galena, R#2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1946
 to 12 June 1948
 that I last saw her alive on May
 and that death occurred on the date and hour stated above

Immediate cause of death granulosa cell carcinoma of cervix & multiple metastatic
 Duration 2 yrs

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 48 hr

Major findings: Of operations _____

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)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
 Address Osark, Mo Date signed 15 June 1948

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer, No. 6;

District File Number 748-790

Date Filed JUL 15 1945

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..... *J.W.M. aples*

Licensed Embalmer No..... 2985

P. O. Address..... Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.