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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 17 1948

Registration District No. 46

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 30061

Registrar's No. 261

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 W. Farmer · Res /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no (Specify whether
In this community: 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 215 W. Farmer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Maude G Wright
3. (b) If veteran, name war:
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry B Wright
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 20 (Day) – 1876 (Year)

8. AGE: Years 72 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace: Cario (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER
12. Name: James G. Griffin
13. Birthplace: Macon Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Laura Belle McKinney
15. Birthplace: Randolph Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Miss Willa Griffin
(b) Address: 215 W Farmer
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 4 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Ott + Mitchell
(b) Address: 310 No. Main St. Indep. Mo.
19. (a) 9-2-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st
year 1948 hour 6 minute 18 P. M.

21. I hereby certify that I attended the deceased from March 5, 1948, to Sept 1, 1948, that I last saw he alive on Sept 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the liver.
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: 46 F

Duration

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: [illegible] (M. D. or other)
Address: Independence, Mo. Date signed: 9/2/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 8 1955

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 L. Marion Steir

Licensed Embalmer No. 3056

P. O. Address Indep., 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.