

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11194

State File No. 39  
Registrar's No. 32-904

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>	
c. LENGTH OF STAY (in place) <b>5 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>316 Alabama St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>F Homeia 316 Alabama St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frankie</b> b. (Middle) <b>Wright</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>March 10 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 7. 1893</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Mason, Tenn., 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Fields</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Fields</b>	14. NAME OF HUSBAND OR WIFE <b>William Wright</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Wright</b> ADDRESS <b>316 Alabama St Sikeston, Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1/21x</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **First call after death**, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_\_, and that death occurred at \_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clode Fay</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Sikeston Mo.</b>	23c. DATE SIGNED <b>3/12/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 13 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo</b>
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DATE REC'D BY LOCAL REG. <b>March 18 1949</b>	REGISTRAR'S SIGNATURE <b>Mrs. J. F. Henry</b>	303	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. M. Smith</b> ADDRESS <b>1212 Ward St Sikeston, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No

District File Number 249-2

Date Filed 3-19-

MAR 31 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Fred J. Smith

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address St. Kerston, 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.