V.S. No. 300
Rev. 10.48

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40507

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 200

19
10

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

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harrisonville Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harrisonville
d. STREET ADDRESS (If rural, give location) 701 Oakland

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ALICE c. (Last) WRIGHT

4. DATE OF DEATH (Month) Dec (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 11-1864
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) McGoopin Co Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ? Sims
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE James Lee Wright

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. ✓
17. INFORMANT'S SIGNATURE OR NAME Mrs. James Davis ADDRESS Harrisonville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poss. Ca of Common Duct

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility + Malnourishment
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 155A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) Harrisonville, (COUNTY) Cass (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 10, 1949, *to* Dec 19, 1949, *that I last saw the deceased alive on* Dec 20, 1949, *and that death occurred at* 5 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry B. Newman (Degree or title) 11
23b. ADDRESS Harrisonville, Mo
23c. DATE SIGNED 12-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec 20 1949
24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery
24d. LOCATION (City, town, or county) Ht. Smith (State) Ark

DATE REC'D BY LOCAL REG. Dec 20, 1949
REGISTRAR'S SIGNATURE Laura J. Jones 51 0
25. FUNERAL DIRECTOR'S SIGNATURE Runnenburgers ADDRESS Harrisonville Mo.

N or T

(Licensed Embalmer's Statement on Reverse Side)

AUG 15 [illegible]

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.

Student .....
Student Embalmer

Signed Ernest Nunnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.