

FILED JUL 18 1941

No. 2
11-10-39
7-17-39
1 X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21497

Registration District No. 2104

Primary Registration District No. 5294

Registrar's No. 7

1. PLACE OF DEATH:

- (a) County Cole
 (b) City or town Russellville Rural (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 (Specify whether)

3. (a) PRINT FULL NAME Madia Caroline Wright
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race W. 5. Color or W.
 6. (a) Single, widowed, married / divorced married
 6. (b) Name of husband or wife Walter Wright 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 10 1897
 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

- MOTHER FATHER
 12. Name Jarl Matwell
 13. Birthplace no records (City, town, or county) (State or foreign country)
 14. Maiden name no records
 15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Walter Wright
 (b) Address Russellville Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Walter Wright
 (b) Address Russellville Mo
 19. (a) June 11-1941 (Date received local registrar) (b) Walter Wright (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) County Missouri (b) County Cole 26
 (c) City or town Russellville Rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
 year 1941 hour 9 minute 0 P. M.
 21. I hereby certify that I attended the deceased from May 24, 1941, to June 9, 1941; that I last saw her alive on June 9, 1941, and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to Carcinoma of Uterus Duration 1939

Due to _____
 Other conditions (include pregnancy within 3 months of death) 48

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? _____
 (Specify type of place)
 (e) Means of injury _____
 23. Signature Walter L. Leslie (M. D. or other) 0
 Address Russellville Mo Date signed 6/11/41

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

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

Roy Stephens

Licensed Embalmer No. *4022*

P. O. Address *Russellville, Va*

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, above space should be left blank.