

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED AUG 6 1947

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **208**

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

1. PLACE OF DEATH:

(a) County: **DUNKLIN**

(b) City or town: **KENNETT**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Presnell Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether)

In this community **Life time**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **DUNKLIN**

(c) City or town: **Kennett**
(If outside city or town limits, write "RURAL")

(d) Street No. **612 North Everett**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: **Lydia ANN Wright**

3. (b) If veteran, name war: **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1947** hour **8:45** minute **9** M.

21. I hereby certify that I attended the deceased from **July 21**
19 **47** to **July 22** 19 **47**
that I last saw her alive on **July 21** 19 **47**
and that death occurred on the date and hour stated above

4. Sex: **Female**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **November 26, 1942**
(Month) (Day) (Year)

Immediate cause of death: **Petanus**

Duration: **2 days**

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|-----------|----------------------|
| 4 | 7 | 26 | hr. _____ min. _____ |

9. Birthplace: **Kennett Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **None**

11. Industry or business: **None**

MOTHER FATHER

12. Name: **Walter Wright**

13. Birthplace: **Maxia ARK.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Maudie Rogers**

15. Birthplace: **Harkersville Mo.**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: **Walter Wright**

(b) Address: **612 N. Everett - Kennett Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof: **7-24-47**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Oak Ridge Cemetery**

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? _____

18. (a) Signature of funeral director: **Paul Salomon**

(b) Address: **Kennett Mo.**

19. (a) **7-30-1947** (Date received local registrar)

(b) **Carl Husband** (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: **George G. Hummer** (M. D. or other) **MD**

Address: **Kennett Mo.** Date signed: **7/29/47**

RECEIVED

District Health Office No. 2,

District File Number 847-1054

Date Filed 8-2-47

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.....

Henry F. Leonard

Registered Apprentice No. 415

working under my personal supervision.

Signed *H. Leonard*

Licensed Embalmer No. 2556-

P. O. Address Kenneth 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.