

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944
Registration District No. 10

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
State File No. 3585
Primary Registration District No. 5776
Registrar's No. 10

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Washington, Mo.
(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 47 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Mercer
(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")
(d) Street No. S. Of Princeton, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucinda M. Wright
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: April 28 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 8 22 _____ hr. _____ min.

9. Birthplace Lindley Twn. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

FATHER { 12. Name Charles Lusk
13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name Lucinda Mix
15. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wright
(b) Address Lucerne, Mo.

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Maxton Funeral Home
(b) Address Princeton, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Jan day 20
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 5 1944, to Jan 20 1944
that I last saw her alive on Jan 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 15 days

Due to _____
Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 9

23. Signature Byron Z. Cutell (M. D. or other) D.O.
Address Princeton, Mo. Date signed 1-21-44

1361 (Licensed Embalmer's Statement on Reverse Side)

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