

S. No. 2
M-5-43
v. 5-17-39
p. 1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1824

FILED FEB 5 1947

Registration District No. 210

Primary Registration District No. 4322

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton, Mo
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community all her life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Wright

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Sept 3, 1970
(Month) (Day) (Year)

Years	Months	Days	If less than one day
<u>76</u>	<u>4</u>	<u>13</u>	hr. min.

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

10. Usual occupation housewife

11. Industry or business Snyder

12. Name Snyder

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Wright

(b) Address Mill Grove, Mo

17. (a) Burial (b) Date thereof Jan 18, 1947
(City, town, or county) (State or foreign country)

(c) Place of burial or cremation Princeton

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 1-20-47 (b) San Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 125

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 6
1947 to January 16 1947.

that I last saw her alive on January 16, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition 5 weeks
(Specify type of place) (e) Means of injury

Due to Senile Dementia

Due to _____

Other conditions 162 B
(Include pregnancy within 3 months of death)

Major findings: 162 B

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)

23. Signature Byron D. Astell (M. D. or other) 09
Address Princeton, Mo Date signed 1/17/47

190 (Licensed Embalmer's Statement on Reverse Side)