

REC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17567
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 395
 (b) Township Rau Primary Registration District No. 1002 Registered No. 1969
 (c) City Kansas City (d) Street No. Front 415 Walnut St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willie Frank Wright
 (a) Residence, No. 507 McGehee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mae Wright
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 42 MONTHS - DAYS - If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
 9. Industry or business in which work was done, as law mill, bank, etc. Labor
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austin Texas

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mae Wright
Fredrick Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 5-11-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Strong & Brady
1513 Probst

20. FILED May 10 1939 M.M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-39, 19

22. I HEREBY CERTIFY That I attended deceased from Chambers, to Chambers, 19

I last saw him April 25 1939 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the 1st Cervical vertebra & compression of spinal cord

Other contributory causes of importance: Fracture left femur

Name of operation Sp Date of 4-25-39

What test confirmed diagnosis? Sp Was there an autopsy? Sp

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 4-25-39

Where did injury occur? K.P. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Injured in a collapsing

Nature of injury Building

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed) Walter H. Hatcher M. D.

(Address) San Diego K.P. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.