

REC'D JUN 8 1939

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

17649  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Hann Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. Childrens Mercy Hospital Registered No. 2051  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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

623 Jerry Wright  
 (a) Residence, No. Parkville Mo. - R.F.D. #2 St.  Parkville Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26<sup>th</sup> - 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
1 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
 9. Industry or business in which work was done, as saw mill, bank, etc.   
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Geo H. Wright  
 14. BIRTHPLACE (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mildred Norris  
 16. BIRTHPLACE (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

17. INFORMANT Geo H. Wright  
 (ADDRESS) Parkville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Gravelawn Cem DATE 5/16/39 19

19. FUNERAL DIRECTOR (NAME) Th. F. Mayberry  
 (ADDRESS) St. C. Mo.

20. FILED May 16, 1939 M. M. Brown  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 15, 1937  
 I last saw h.c.m. alive on May 15, 1937 Death is said to have occurred on the date stated above, at 10 35 a.m.

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

Internal Hydrocephalus Date of onset Since birth  
157 w

Other contributory causes of importance:

Name of operation Ventriculogram Date of 8-17-39  
 What test confirmed diagnosis? Clinical Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury....., 19.....  
 Where did injury occur? No (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify No  
 (Signed) T. A. Wilkinson, M. D.  
 (Address) 1103 Grand Ave.

*George H. Clark*

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**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.**