

JUN 17 1940
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1866

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 14 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Charlotte Ann Wright

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Elisha William Wright 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased December 28 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 5 If less than one day ----- hr. ----- min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER
12. Name George C. Shipley 9
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thompson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. E. Cade
(b) Address 3620 Lexington City

17. (a) ----- (b) Date thereof -----
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany, Missouri

18. (a) Signature of funeral director O. H. Newcomers 36
(b) Address 1401 Brush Creek Blvd.

19. (a) May 3, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5729 Tracy Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2
year 1940 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from Apr. 29, 1940, to MAY 2, 1940;
that I last saw her alive on May 2, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia 48 hr.

Due to Fracture of Femur 186 hr 4 days
Fall in Home 10

Other conditions Hypertension - nephritic
(Include pregnancy within 3 months of death)

Duration
48 hr.
4 days
10
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations -----
Of autopsy -----

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence APR 29
(c) Where did injury occur? Kennett Jackson MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - slipped on rug
While at work? ----- (Specify type of place) (e) Means of injury 3

23. Signature J. L. Jones DO (M. D. or other) -----
Address 3620 Tracy Date signed 5/2-40

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

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 _____

Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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, above space should be left blank.