

WA AUG 14 1940 399

Registration District No. _____

Primary Registration District No. _____

1002

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

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:
2036 East 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years (Specify whether
In this community 48 years years, months or days)

8. (a) PRINT FULL NAME John E. Wright 623

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Estelle Wright 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased September 19, 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 9 If less than one day
hr. min.

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

10. Usual occupation Plumber

11. Industry or business _____

12. Name John D. Wright

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

14. Maiden name Nevada Harmon

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

16. (a) Informant Lelia Hardin

(b) Address 2419 Forest

17. (a) burial (b) Date thereof 7/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

18. (a) Signature of funeral director Hatkin Bros.

(b) Address 1729 Lydia

19. (a) July 1, 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. 2036 East 19th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1940 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholism
Due to _____

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

Major findings: (Of) operations (75)
Of autopsy Sign on History of Dr. L. Book

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? _____

(Specify type of place) _____
While at work (e) Means of injury 5
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed _____

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 *James Jerome Maplow*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

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.