

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42791

JAN 25 1940
Registration District No. 98

Primary Registration District No. 5554

Registrar's No. 330

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:
1403 S. Dodgean, Independence, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 50 years in K. C.
years, months or days

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. Montrose Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? no. years.

3. (a) PRINT FULL NAME Mrs. Annie Porter 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 Widowed
6. (b) Name of husband or wife Ed C. Wright 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased December 28 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Chandler Porter

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

14. Maiden name Annie Glines

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

16. (a) Informant Ed C. Wright, Jr.

(b) Address 611 West Maple, Independence, Mo.

17. (a) Burial (b) Date thereof 12-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Dec. 30, 40 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 29th,
year 1940 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 22
1940 to Dec. 29 1940

that I last saw him alive on Dec 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Terminal pneumonia
Due to Benign degenerative
Due to changes and senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations III

Of autopsy -

PHYSICIAN III
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?

360 (Specify type of place) While at work? (e) Means of injury

23. Signature Calvin Atkins (M. D. or other)

Address Independence, Mo. Date signed -

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

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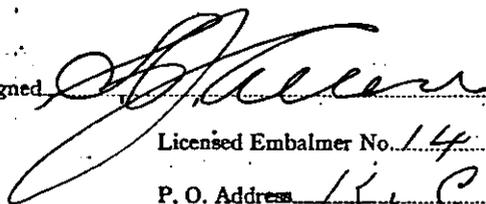
Dr. Calvin C. Atkins,
Independence, Mo.

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. 1415

P. O. Address Independence, 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.