

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

48
3
8

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: The George H. Nettleton Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years,
In this community 20 years,
(Specify whether years, months or days)

3. (a) PRINT FULLNAME Miss Lizzie Morris 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 Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years
(Day) (Year)

7. Birth date of deceased: October 7th 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 10 7 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Washington J. Wright

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Miss Anna Wright

(b) Address Ellison Hotel, K. C., Mo.

17. (a) Burial, (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood cem

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 14 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri, (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. George H. Nettleton Home,
5125 Swope Parkway,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th,
year 1941 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from about Jan 1st 1941 until April 14 1941;
that I last saw her alive on April 13 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis (general) Heart year

Due to 97-97

Other condition Incontinence of the aged 30 months
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John H. Laph (M. D. or other) M.D.

Address 1314 Professional Bldg Date signed Apr 14 1941

Dr. John Lopp

Craft Realty

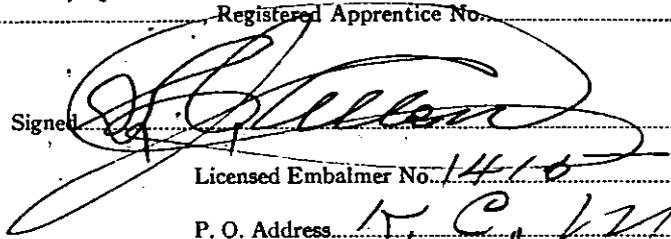
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STATEMENT BY LICENSED EMBALMER

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. *1415*

P. O. Address *17 C. 1 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, fact should be so stated above.