FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13649

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1630

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: ~~2800 Bell St~~
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1706 West 32nd St. (Specify whether
In this community 8 years
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. 2800 Bell St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Cordelia Briggs
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female 3
5. Color or race col.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. (Month) 6 (Day) 1883 (Year)

8. AGE: Years 58 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Wright
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Charity Maree Scruggs
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mabel Houcks
(b) Address 2800 Bell St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Wyandotte Co. Home
18. (a) Signature of funeral director K. C. Emb. & Casket Co. Mrs. J. W. Jones
(b) Address 440 State Ave. K. C. Kans
19. (a) Apr 25 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1941 hour 5 minute 45 p.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to Dilatation rt. auricle

Due to

Other conditions Chr. myocardial scarring
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pulmonary embolus Dil. rt. auricle

Duration

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 0
23. Signature R. Ulkers (M. D. or other)
Address St. Joseph Hosp. Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P.O. Address Kansas City 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.