

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1746**

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:  
**3028 Tracy Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Laura J. Bright**

3. (b) If veteran, name war **No**

3. (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. Albert S. Bright**

6. (c) Age of husband or wife if alive **19** years

7. Birth date of deceased **August 19 1851**  
(Month) (Day) (Year)

8. AGE: Years **89** Months **8** Days **13** If less than one day hr. min.

9. Birthplace **Lancaster / Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **-----**

MOTHER FATHER {

12. Name **John McCue**

13. Birthplace **Lancaster / Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hester A. Herman**

15. Birthplace **Lancaster / Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernard C. Branner**

(b) Address **2811 Benton Blvd**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Apr. 3, 1941**  
(Month) (Day) (Year)

(c) Place: burial of cremation **Forest Hill Cemetery**

18. Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd**

19. (a) **May 3, 1941** (Date received local registrar)

(b) **M. M. Brown** (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. **3028 Tracy Avenue-Apt. # 401**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st** year **1941** hour **9** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **4/30/41** to **5/1/41**, 19**41**, that I last saw her alive on **4/30**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis of heart**

Underlying cause of death **arteriosclerosis of heart**

Due to **arteriosclerosis of heart**

Due to **arteriosclerosis of heart**

Other conditions (Include pregnancy within 3 months of death) **arteriosclerosis of heart**

Major findings: Of operations **arteriosclerosis of heart**

Of autopsy **arteriosclerosis of heart**

Duration

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) **361**

(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)

(c) Means of injury **361**

23. Signature **H. M. Brown** (M. D. or other)

Address **1022 Arroyo Blvd** Date signed **5/1/41**

