

FILED

JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17253**
1915
Registrar's No. _____

Registration District No. **399**

Primary Registration District No. **1002**

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:
2624 Olive Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 Years (years, months or days)

3. (a) PRINT FULL NAME Mrs Mary Blanche Wright

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 Married

6. (b) Name of husband or wife Mokey Taylor Wright 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 18 hr. _____ min.

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

10. Usual occupation At Home (Formerly Welfare Director at Grace and Holy Trinity Cathedral)

11. Industry or business Trinity Cathedral

12. Name George N. Petty

13. Birthplace Front Royal Virginia
(City, town, or county) (State or foreign country)

14. Maiden name E. Cora Finkbine

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

16. (a) Informant M. T. Wright
(b) Address 2624 Olive St

17. (a) _____ (b) Date thereof May 16 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Cremation - East Elmwood Cem

18. (a) Signature of funeral director D. H. Newcorn, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) May 15 - 41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1/8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 5
(d) Street No. 2624 Olive Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1941 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from 1922 to May 14 1941
that I last saw her alive on May 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days
Due to Arterio-sclerosis 19 yrs

Due to Stroke in 1922
Other conditions Stroke in 1922
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. W. Shusher (M. D. or other) 0
Address 900 Pualto Bldg Date signed 5-14-41

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

MOTHER FATHER

Wright

Dr. E. W. Slush
900 Paul St. Bldg.

3-4 0

Mrs. Blanche Wright

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., 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.