

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40823

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4699

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Leeds Jb. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether)

In this community 11 years 0
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. 2100 E 14th St
(If rural, give location)

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

3. (a) PRINT FULL NAME RACHEL WRIGHT

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day 2
year 1941 hour 7 minute 22 A.M.

4. Sex female 5. Color or race Colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Milton Wright

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: 4 (Month) 4 (Day) 12 (Year)

21. I hereby certify that I attended the deceased from 11-2, 1941, to 12-2, 1941; that I last saw her alive on 12-1, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 29 Months 7 Days 29. If less than one day hr. _____ min. _____

Immediate cause of death _____

Due to Pulmonary Tuberculosis

Due to 13 B

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

11. Industry or business None

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Samuel Harrison

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

14. Maiden name Unknown

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

16. (a) Informant Private City J. B. Hoop

(b) Address Leeds, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lyons Cemetery

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? _____

18. (a) Signature of funeral director Lyons Cemetery

(b) Address 1729 Lydia

19. (a) 12/4/41 (Date received local registrar) (b) H. W. Brown (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Oliver Hoop (M. D. or other) 0

Address K C To Hoop KC Mo Date signed _____

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

200

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

Jesse J. Manlove

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.