

FILED JUL 9 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2502

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-24-42-6-25-42
(Specify whether years, months or days)

In this community 18 years

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. 1110 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MAMIE WRIGHT

3. (b) If veteran, name war..... (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1942 hour 7 minute 00p. M.

4. Sex Female 5. Color or race Negro

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

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

7. Birth date of deceased March ? 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24 1942 to June 25 1942
that I last saw her alive on June 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
72 3 ? hr. min.

Immediate cause of death Uremia secondary to cerebral apoplexy
Duration

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

Due to Hypertensive type heart disease

10. Usual occupation At Home

Due to 938

11. Industry or business.....

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Frances

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

PHYSICIAN

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

22. If death was due to external causes, fill in the following:

17. (a) burial (b) Date thereof 6/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

(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 Stobkins Bros.

(b) Address 1729 Lydia, K.C., Mo.

19. (a) 6-30-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature J. P. Turner
(In D. or other)
Address Law. 1. Long #2-600622 Date signed 6-26-42

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

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

Joseph Jerome 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.