

FILED NOV 9 1942
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

48
3
8
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 Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 3 Days
(Specify whether years, months or days)

In this community 1 Month

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 5515 Garfield Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Carlin Ronald Wright

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8	7	17	hr. min.
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9. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Grade School

MOTHER FATHER {

12. Name William Joseph Wright

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

14. Maiden name CELE'S Marie Carr

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

16. (a) Informant Mr. H. J. Wright

(b) Address 5515 Garfield Ave

17. (a) Burial ----- (b) Date thereof Oct. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 21
1942 to Oct 23 1942

that I last saw him alive on Oct 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Robert Phlegman
Acute Acidosis
Possible Bristow

Due to ----- Duration 1 week

Due to -----

Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: -----
Of operations -----

Of autopsy -----

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 -----

23. Signature ----- (M. D. or D. O.) -----
Address ----- Date signed 10-26-42

Wright

600 N. Co. Edwards

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 C Newcomer Jr*

Licensed Embalmer No. *2043*

P. O. Address..... *A C New*

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.