

Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/12-6/15/43
(Specify whether years, months or days)

In this community 35 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMELIA WRIGHT

3. (b) If veteran, name war None

3. (c) Social Security No. 495-09-5794

4. Sex Female 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased October 28 1894
(Month) (Day) (Year)

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

48 7 12 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Richard Estes

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

14. Maiden name Lutisha

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/43
(Month) (Day) (Year)

(c) Place: burial or cremation Northlawn

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lyden

19. (a) 6-19-43 (Date received local Registrar) (b) D. E. 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. 1319 E. 14th--2nd Fl.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 12 1943 to June 15 1943
that I last saw her alive on June 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration _____

Due to Uremia

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature H. O. Thompson (M.D. or other) (Date)

Address Gen Hosp #2, K.C. Mo. Date signed 6-15-43

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 *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.