

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20602

FILED JUL 29 1946

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2687

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 7 days
(Specify whether years, months or days)

In this community 17 da
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1328 Spruce 8
(If rural, give location)

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

3. (a) PRINT FULL NAME Monroe Wright

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14,
year 1946 hour 3: minute 15 P.M.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased February 14, 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7, 1946 to June 14, 1946,
that I last saw him alive on June 14, 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 4 Days 0
If less than one day hr. min.

Immediate cause of death Acute Uremia

Duration

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

Due to Arterioneurosclerosis

10. Usual occupation laborer

Due to

11. Industry or business

Other conditions (Include pregnancy within 3 months of death)

12. Name Albert Wright

Major findings: 131a

Of operations

13. Birthplace Green Co. Va
(City, town, or county) (State or foreign country)

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name Gene Phipps

15. Birthplace Green Co. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2

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

17. (a) Personal (b) Date thereof 6-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Place: burial or cremation Cambridge mo

(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 Jess Salzer

While at work? (Specify type of place)

(c) Means of injury

(b) Address St. Louis mo

19. (a) 6-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Signature [Signature] (M. D. or other) M.D.
Address General Hospital No. 2 Date signed 6/15/46

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

MOTHER FATHER

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 Herman Selzer

Licensed Embalmer No. 21831

P. O. Address Water 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.