

Registration District No. 149

Primary Registration District No. 1002

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: 63rd + Popping J
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 18
In this community residence 1938 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 6304 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE H. WRIGHT

3. (b) If veteran, name war NO 3. (c) Social Security No. 496-26-9287

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 11 - 14 - 1928
(Month) (Day) (Year)

8. AGE: Years 18 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Bert Wright

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

14. Maiden name Eleanor Fischer

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

16. (a) Informant Miss Mildred Wright

(b) Address 6304 Bellefontaine

17. (a) Removal (b) Date thereof 11/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centerville Solva

18. (a) Signature of funeral director Arthur McClure

(b) Address Kansas City, MO

19. (a) 11-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16 year 1946 hour 2:45 minute 0 M.

21. I hereby certify that I attended the deceased from Brown, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Bleed shot wound of head Duration _____

Due to _____

Due to _____

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

Major findings: 161/7 Of operations _____

Of autopsy no delay + injection

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

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

(b) Date of occurrence 11-16-46

(c) Where did injury occur? Jackson MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in public place

While at work? no (Specify type of place) (e) Means of injury 22 Rifle

23. Signature James Malley (M. D. or other) same

Address 1924 Myrtle Date signed 11-17-46

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

36073

NOV 4 1950

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 *J. Blair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. C. 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.