

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACONSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
2936 BROOKLYN AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2936 BROOKLYN AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? No 11 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOUGLAS WAYNE WRIGHT

3. (b) If veteran, No name war.

3. (c) Social Security No. NONE

4. Sex MALE 0

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 MAY 4 1947
(Month) (Day) (Year)

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

9. Birthplace Kansas City mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT 0

11. Industry or business

12. Name WALTER J. WRIGHT JR.

13. Birthplace R.C. mo.
(City, town, or county) (State or foreign country)

14. Maiden name ELSIE M. SCHMIDT.

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

16. (a) Informant mo. Walter J. Wright Jr.

(b) Address 2936 Brooklyn

17. (a) burial (b) Date thereof 5-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

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

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-14-47 (Date received local registrar)

(b) Signature of Registrar Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12TH
year 1947 hour minute 1 P.M.

21. I hereby certify that I attended the deceased from birth
to May 11, 1947
that I last saw him alive on May 11-14
and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital anomaly of heart found at post mortem.

Due to

Other conditions (Include pregnancy within 3 months of death) 1572

Major findings: Of organs Type of anomaly is undetermined

Of autopsy

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)

(a) Means of injury

23. Signature Edw. G. White M. D. or other

Address 1032 Prof Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1032 Professional Body
1:30-4:30

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 Edward M. Storey
Licensed Embalmer No. 4452
P. O. Address K. C. 4 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.