S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34747

FILED OCT 21 1947

Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 4235

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 12 DAYS (Specify whether years, months or days)

In this community 6 YRS.

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. 2312 AGNES
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DINAH WRIGHT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Sanders S. Wright

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

7. Birth date of deceased DECEMBER (Month) 15, (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	9	19	hr. min.

9. Birthplace BATON ROUGE (City, town, or county) LOUISIANA (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PHILLIP REED
13. Birthplace BATON ROUGE (City, town, or county) LOUISIANA (State or foreign country)

MOTHER
14. Maiden name HANNAH WATSON
15. Birthplace BATON ROUGE (City, town, or county) LOUISIANA (State or foreign country)

16. (a) Informant ANNIE FRAZIER (DAUGHTER)

(b) Address 2312 AGNES

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/7/47 (Month) (Day) (Year)

(c) Place: burial or cremation Baton Rouge, La.

18. (a) Signature of funeral director Lonsteking & Bills

(b) Address 1212 Vine St. K.C. Mo.

19. (a) 10-7-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 4, year 1947 hour 10: minute 20 P.M.

21. I hereby certify that I attended the deceased from SEPTEMBER 22, 1947 to OCTOBER 4, 1947; that I last saw her alive on OCTOBER 4, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC FAILURE	
Due to ARTERIOSCLEROTIC HEART DISEASE	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/6/47

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Gills

Licensed Embalmer No. 3178

P. O. Address 1212 [illegible]

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.