

FILED JUL 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23196

23196

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 2787

## 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:  
5717 CENTRAL AVENUE 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution — (Specify whether

In this community 52 YEARS. (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME MR. EMMETTE M WRIGHT3. (b) If veteran, NO name war. NO 3. (c) Social Security No. 493-12-14604. Sex MALED 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife MRS. HELEN H. WRIGHT 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased DECEMBER 27 1870  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
77 6 6 hr. min.9. Birthplace NEWBERN TENNESSEE  
(City, town, or county) (State or foreign country)10. Usual occupation INDUSTRIAL PAINT SALESMAN11. Industry or business SEWELL PAINT + BRASS CO.12. Name JOHN WRIGHT13. Birthplace NEWBERN TENNESSEE  
(City, town, or county) (State or foreign country)14. Maiden name MARY DANCY15. Birthplace UNKNOWN TENNESSEE  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lena Wright(b) Address 5717 Central Avenue17. (c) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1948  
(Month) (Day) (Year)(c) Place: burial or cremation Mt. Moriah Cemetery18. (a) Signature of funeral director Ed. W. W. W. W.(b) Address 1401 Bush, North Blvd.19. (a) 7-6-48 (Date received by registrar) (b) Sheradine Holmes (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. 5717 CENTRAL AVENUE  
 (If rural, give location)

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 - 3 day 3  
year 48 hour 10 minute 55 P.M.21. I hereby certify that I attended the deceased from March  
1948 to 7-3 1948.  
that I last saw him alive on 7-1 1948,  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis Duration 30 min.Due to Myocardial infarctionDue to Cardio-renal-vascular syndromeOther conditions Diabetes  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 0Of 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) (e) Means of injury —23. Signature Paul W. W. W. (M.D. or other) —Address 1202 Commerce Date signed 7-3-48

---

---

**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.....

*John E. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.**