

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16231
2142

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>29</u> <u>3</u> <u>2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>General Hospital # 2</u>		d. STREET ADDRESS (If rural, give location) <u>1710 Belleview</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) _____ c. (Last) <u>Wright</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGR</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dont know</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	11. BIRTHPLACE (State or foreign country) <u>Pleasant Green, M & D</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Dont know</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Wright</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Jones Nelson</u> ADDRESS <u>1839 Garboe</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Both femurs</u> ANTECEDENT CAUSES DUE TO (b) <u>Auto trauma</u> DUE TO (c) <u>Truck + pedestrian</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Fracture more abrasions</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No test performed</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident street</u>	
21b. PLACE OF INJURY (e.g.: in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Kansas City Jackson MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-11-49 4:00 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>run over by cement mixer</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <u>1 2 3</u>	
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)		23b. ADDRESS <u>1134 R. H. Bldg</u>	
23c. DATE SIGNED <u>5-13-49</u>		24a. BIRTH OR CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>5-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn C E M</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brady-Brown</u> ADDRESS <u>1708 1/2 Rock Lane</u>	
DATE REC'D BY LOCAL REG. <u>5-16-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. Harris Sr.*
Licensed Embalmer No. 3388
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.