

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19889
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2797

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 OR TOWN <u>Kansas City</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1314 East 37th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 East 37th Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>R.</u>	c. (Last) <u>WRIGHT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 26, 1949</u>
-------------------------------------	------------------------	-----------------------	-------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced ?</u>	8. DATE OF BIRTH <u>Apr. 7, 1867</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Platte County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Jesse Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Mary Wright</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie G. Wade, 1314 E. 37th, K.C., Mo.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4221</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
--	--	----------------------------------

22. I hereby certify that I attended the deceased from Jan. 14, 1949 to June 26, 1949, that I last saw the deceased alive on June 26, 1949 and that death occurred at 1:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. R. Lyddon, Jr.</u> (Degree or title) _____	23b. ADDRESS <u>1027 E. 75, K.C. Mo. 68749</u>	23c. DATE SIGNED _____
---	--	------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Frame Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dearborn, Missouri</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6-18-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

*Rev. J. J. ...
75th + Transit,*

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 *John E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *R. C. ...*

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.