

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23817

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>	PRIMARY REG. DIST. NO. <u>5572</u>	Registrar's No. <u>111</u>
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 town or rural township) <u>Prarie Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>TOWN 110 East Fourth Street</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Lee's Summit Missouri</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>	b. (Middle) <u>Walker</u>	c. (Last) <u>Wright</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 11 1873</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>75</u> <u>7</u> <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Robert Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Harriet 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>Luther Wright Lee's Summit 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u> <u>331X</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 <u>6-1</u> , 19 <u>49</u> , to <u>6-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-19</u> , 19 <u>49</u> , and that death occurred at <u>11 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree in title) <u>[Signature]</u>		23b. ADDRESS <u>Lee's Summit Mo.</u>		23c. DATE SIGNED <u>6-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/22/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-49</u>	REGISTRAR'S SIGNATURE <u>Ronald C. Earnshaw</u>	378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Lee's Summit Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 RECD

JUL 21 1948

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.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.