

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37589**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **4880**

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5-0-1949</u>		d. STREET ADDRESS (If rural, give location) <u>630 1/2 Bellfontaine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>630 1/2 Bellfontaine (Home)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>E.</u> c. (Last) <u>Wright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 16, 1870</u>	9. AGE (In years) (last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>78-39-19</u> Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railway Conductor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry H. Wright</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Gray</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Wright</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Wright 630 1/2 Bellfontaine</u>	ADDRESS
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18. CAUSE OF DEATH <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Arterial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Metastatic</u> DUE TO (c) <u>Carcinoma Pancreas</u>		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>157X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12/16, 1932, to 11/15, 1949, that I last saw the deceased alive on 11/15, 1949, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. Mc Vay</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>814 Benton Blvd</u>	23c. DATE SIGNED <u>11/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerville, Iowa</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville Iowa</u>
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DATE REC'D BY LOCAL REG. <u>11-16-49</u>	REGISTRAR'S SIGNATURE <u>Mildred Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & Mc Clure</u>	ADDRESS <u>Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Parten 13th Aug 1:00

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 J. Gallen
Licensed Embalmer No. 1415
P. O. Address K. C. Ind

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 37589

State of mo.
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4880

On this 27th day of December, 1949, before me appears Mildred Wright, who, upon her oath, states that the original record of ^{birth}~~death~~ for John E. Wright, died 11-15, 1949, in the State of Missouri, and which was filed at N.C. mo. on 11-16, 1949, should be corrected as follows:

Item No. 8 should read January 16, 1870
Instead of November 16, 1870

Item No. 9 should read 79 yrs.
Instead of 78 yrs.

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mildred Wright x Daughter
Relationship.

x 6304 Bellefontaine
Present Address.

Subscribed and sworn to before me this 27th day of December, 1949.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

