

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 13427

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 81

1. PLACE OF DEATH a. CITY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Prairie		c. LENGTH OF STAY (in this place) 9 mos.	c. CITY (If outside corporate limits, write RURAL and give township) 3428 OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Cty Home for the aged			d. STREET ADDRESS 2901 Forest		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) THOMAS c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) 4 26 50		
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-4-1865		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman-Retired		10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (State or foreign country) Clay County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Martin E. Wright		13b. MOTHER'S MAIDEN NAME Mary Baldwin	14. NAME OF HUSBAND OR WIFE Anna E. Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Pennington, 2940 Forest		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease  ANTECEDENT CAUSES Morbid 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. Chronic allergic asthma			INTERVAL BETWEEN ONSET AND DEATH yes  4201  yes
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION			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 22 Apr, 1950, to 26 Apr, 1950, that I last saw the deceased alive on 26 Apr, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Frank E. Truhame, M.D.			23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 27 Apr 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
DATE REC'D BY LOCAL REG. APRIL 27, 1950		REGISTRAR'S SIGNATURE Donald C. Eamshaw		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner ADDRESS K. C. Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 4 RECD

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Alvin R. Haunschild*

Signed.....

Student Embalmer

Licensed Embalmer No. *4159*

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.