

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27285
Registrar's No. 3343

FILED AUG-18 1951

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson 0		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 Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital.		d. STREET ADDRESS (If rural, give location) 3308 East 10th Street	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) J. c. (Last) WRIGHT			4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2.	
8. DATE OF BIRTH Nov. 1, 1875		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 5 Days 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.		10b. KIND OF BUSINESS OR INDUSTRY Rail Road.		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joshua Wright		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Nellie Wright	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) no		16. SOCIAL SECURITY NO. 496-09-8810A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville Wright 484 March	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Auto + pedestrian		INTERVAL BETWEEN ONSET AND DEATH 12 1/2 8/31/51	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Auto + Pedestrian	

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.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Pickett Bldg		23c. DATE SIGNED 8-3-51	
24a. DATE Aug 3 1951		24b. NAME OF CEMETERY OR CREMATORY Mt. Washington		24c. LOCATION (City, town, or county) (State) T. C. Mo	

DATE REC'D BY LOCAL REG. 8-4-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeWay L. Kelly & Sons 20	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed Debra L. Taylor

Signed.....
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indep. 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.