

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35291

State File No.

FILED NOV 8 1952

4520

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 65 yrs		d. STREET ADDRESS (If rural, give location) 1904 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) Georgia Wright			4. DATE OF DEATH (Month) (Day) (Year) 10 14 52
a. (First)	b. (Middle)	c. (Last)	
5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 23, 1875	
9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Weaver		13b. MOTHER'S MAIDEN NAME Laura Cooley	
14. NAME OF HUSBAND OR WIFE Owen H. 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. No	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Owen H. Wright, 1904 Main St., KC Mo.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac hypertrophy and dilatation					
ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

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)		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)		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 Sept. 22, 1952, to Oct. 14, 1952; that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 7:47A m., from the causes and on the date stated above.

23a. SIGNATURE <i>B. I. Burns</i> B. I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 10-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/16/52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 10-16-52		REGISTRAR'S SIGNATURE <i>Geraldine Smith</i>			

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

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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 _____

Law Clark

Signed.....
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *19 E 120*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.