V.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4246

State File No. 29003

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 15 Registrar's No. 56

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs
c. LENGTH OF STAY (in this place): 13yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): West Walnut 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Emory
b. (Middle): H
c. (Last): Wright

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 30 1880
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Circuit
10b. KIND OF BUSINESS OR INDUSTRY: Judge
11. BIRTHPLACE (City and State or Foreign Country): Pike Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Micheal Wright
13b. MOTHER'S MAIDEN NAME: Sarah Davis
14. NAME OF HUSBAND OR WIFE: Martha J Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486 36 3362
17. INFORMANT'S SIGNATURE OR NAME: Mrs Martha Wright
ADDRESS: Blue Springs Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular Disease — 5 yrs.
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 — 203X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8, 1947, *to* July 30, 1953, *that I last saw the deceased alive on* July 26, 1953, *and that death occurred at* 8:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Merill R. Bay M.D. (Degree or title)
23b. ADDRESS Blue Springs, Mo
23c. DATE SIGNED 7-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Aug 1 1953
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Creatory
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG. 8/1/53
REGISTRAR'S SIGNATURE: M Blanche Ford
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS: Webb Funeral Home Blue Springs MO

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1958

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.....
Signature of Student Embalmer

Signed R B Witt

Licensed Embalmer No. 2315

P. O. Address Blue Springs

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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