

FILED OCT 27 1954 STANDARD CERTIFICATE OF DEATH

State File No. 34235  
4753

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. LENGTH OF STAY (in this place) Over 17 yrs

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Wynn's Rest Home

e. STREET ADDRESS (If rural, give location) 32 2109 Flora Avenue 222 0

3. NAME OF DECEASED  
a. (First) Ben b. (Middle) Wright c. (Last) Wright

4. DATE OF DEATH Oct. 9 1954

5. SEX Male

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ~~MARRIED~~

8. DATE OF BIRTH June 17, 1873

9. AGE (In years last birthday) 81

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Shubuta, Miss.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. 490-16-2612

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jackson County Welfare Record

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive Cardio

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Vascular (Heart) disease  
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
Senility

443 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 \_\_\_\_\_, 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 Deputy coroner

23b. ADDRESS 3 M.D. 7618 Lydia Ave

23c. DATE SIGNED 10/11/54

24a. BURIAL (CREMATION, REMOVAL) (Specify) Removal

24b. DATE 10/12/54

24c. NAME OF CEMETERY OR CREMATORY K.C. College Osteopathy

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-12-54

REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS West, Appleton & Jones, Inc., K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Y 91 201

19 10 1944

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 *Consuelo Gladys Bodeau*

Licensed Embalmer No. 4944

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.