

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24916

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3602

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General #2</b>		Length of stay in 1b <b>30 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>2613 Brooklyh</b>
3. NAME OF DECEASED (Type or print) <b>Alexander</b>		First Middle Last <b>Wright</b>	4. DATE OF DEATH Month Day Year <b>July 31, 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 5, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Talequah, Okla</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Louis Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Sanders</b>	14. NAME OF HUSBAND OR WIFE <b>Geneva B. Wright</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>443 14 1265B</b>	17. INFORMANT <b>Genevieve M. Wise</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident.</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		331x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>July 28, 1957</b> to <b>July 31, 1957</b> and last saw her alive on <b>July 31, 1957</b> Death occurred at <b>5:25</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. R. Peterson, M.D.</i> (Degree or title)		22b. ADDRESS <b>600 East 22nd Street</b>	22c. DATE SIGNED <b>7-31-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/31/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Salt Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nowata, Okla.</b>
24. FUNERAL DIRECTOR <b>Badeau, Appleton &amp; Jones, K.C.</b>		25. DATE RECD. BY LOCAL REG. <b>7-31-57</b>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

MEDICAL CERTIFICATION  
W. R. Peterson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Conrad G. Adams, Bala*

Licensed Embalmer No. 4944

P. O. Address *K. C. H.*

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.