N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9696
Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1161
(c) City K. C. Mo. — (d) Street No. 7244 Belleview St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles D. Wright 623
(a) Residence, No. 7244 Belleview St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Alice R. Wright
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18, 1864
7. AGE: YEARS 73 — MONTHS 10 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Sales Manager
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntington Valley, Pa.

FATHER
13. NAME: Franklin D. Wright
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntington Val. Pa.

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Huntington Val. Pa.

17. INFORMANT (ADDRESS): Mrs. Alice R. Wright, 7244 Belleview
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Moriah — DATE: March 15, 1938
19. FUNERAL DIRECTOR (ADDRESS): Wagner Funeral Home, 204 W. Linwood
20. FILED: Mar. 14, 1938 — M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 a.m. am
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Date of onset

Coronary sclerosis 94 B
Acute & chronic coronary occlusion
Myocardial scarring

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Gen Hosp. K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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