

REC'D MAY 9 1938

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

13613  
Do not use this space.

1593

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
(c) City Kansas City, Mo. (d) Street No. 2001 Elmwood \_\_\_\_\_ 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 George Thomas Wright 628

(a) Residence, No. 2001 Elmwood St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lillian Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Landscape Gardener

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Ky13. NAME Thos. F. Wright14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Elizabeth Herrington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Mrs. Lillian Wright  
(ADDRESS) 2001 Elmwood, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 4-13-193819. FUNERAL DIRECTOR C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Inden Blvd. K.C. Mo.20. FILED Apr 13 1938 M. M. Crowe asst  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 193822. I HEREBY CERTIFY, That I attended deceased from 6-10-1936, to \_\_\_\_\_, 19\_\_\_\_.I last saw him alive on 4-11-1938 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia 4/18/3810/70

Other contributory causes of importance:

Arterio Sclerosis 4/10/38Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_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) Tom Sawyer, M. D.  
(Address) 1701 Jackson

**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 with the above constitutes grounds for revocation of license.)**