

MAR 9 1939

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

5696
Do not use this space.

1. PLACE OF DEATH 3

(a) County Jackson Registration District No. 399

(b) Township Law Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 19th & Paseo Registered No. 895

(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 Freda Wright

(a) Residence, No. 2309 Forest 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 Fe 4. COLOR OR RACE Bob. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

31 6 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Operator

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 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

FATHER

13. NAME Rasney Christian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ann.

MOTHER

15. MAIDEN NAME Martha Wade

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newberry S.C.

17. INFORMANT (ADDRESS) Mrs. Martha Hogan
2309 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 2/27

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hopkins Bros
1729 Lyda

20. FILED 727 19 39 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw Deputy Cor 19 Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Automobile Franklin
Pedestrian
Trucking Skull
Crushing Injury, Head
2nd and 3rd ribs

Other contributory causes of importance: 210 ft.

Date of onset

Name of operation Disp - Putop Date

What test confirmed diagnosis Disp - Putop Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2-29-39

Where did injury occur? K (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Car

Nature of injury 2nd Skull Cracked Chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell Hoffman M. D.

(Address) K. C.

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.

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,

D. B. Watkins

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

D. B. Watkins

Licensed Embalmer No.....

2889

P. O. Address.....

A.C. - MD

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 this body is not embalmed, above space should be left blank.