REC'D AUG 7 1939

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

24629
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, 2 Registration District No. 399

(b) Township Kaw 1 Primary Registration District No. 1002 Registered No. 2842

(c) or City Kansas City, Mo. (d) Street No. 113 South Hardesty, K. C. Mo. 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 623 Maleta Jane Wright

(a) Residence, No. 113 So. Hardesty, K.C.Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ------- Albert L. Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th, 1855

7. AGE: YEARS 84 | MONTHS 2 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Ohio 1

FATHER
13. NAME Owen L. Davis 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Olive Maxson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Ralph Nichols, 334 No. Bellaire, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE July 15- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C.L.Forster 918 Brooklyn Avenue, K.C.Mo.

20. FILED July 14, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1939, to 7/13 -, 1939
I last saw her alive on 7/13, 1939. Death is said to have occurred on the date stated above, at 6:50 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
920	

Other contributory causes of importance:

Bronchitis	May 1939

Name 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? no
If so, specify .....
(Signed) R. A. Williams, M. D.
(Address) 5400 St John Ave K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. R.A.Williams

Phone Be 2 6 5 7

5400 St Ly

2:30 P.M.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. Mo.

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

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