No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1940

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3019

State File No. 2572

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life Time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 608 W. Farmer
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ellis Wright 622

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June (Month) 6 (Day) 1868 (Year)

8. AGE: Years 71 Months 9 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Independence, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Mechanical Dep'tment

FATHER
12. Name John Ellis Wright
13. Birthplace Crab Orchard Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Head
15. Birthplace Finnigan's Point Ind. (City, town, or county) (State or foreign country)

16. (a) Informant Mr George E Wright
(b) Address 1319 E Thirty Second Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-40 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Ott & Mitchell
(b) Address Independence, Mo

19. (a) Feb. 1. 1940 (Date received local registrar) (b) F. L. Cook 360 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 31 year 1940 hour 8 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 26-40, 19__, to Jan 31, 1940, that I last saw him alive on Jan 31, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Hypertension	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Jo Hickerson (M. D. or other)
Address Independence Mo Date signed Feb 1

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FIRST NAME _____
FULL NAME _____

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw it alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

10. Usual occupation _____ (City, town, or country) (State or foreign country)

11. Industry or business _____

12. Birthplace _____ (State or foreign country)

13. Maiden name _____

14. Birthplace _____ (City, town, or country) (State or foreign country)

15. (a) Informant _____ (Relationship) (Address)

(b) Address _____

16. (a) Filed on _____ (Date received local registrar) (b) _____ (Registrar's signature)

17. (a) Burial, cremation, or removal _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place burial or cremation _____

(b) Address _____

18. (a) Funeral director _____ (b) Address _____

Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

(Informant's signature)

(Month) (Day) (Year)

(Within 3 months of death)

Major finding _____

Of autopsy _____

PHYSICIAN

Underlie the cause to which death should be recorded ate-ly.

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

WHITE PAPER—USE INK—PRINT BLACK INK—MAKE A PERMANENT RECORD

No. 2
1-10-39
17-39
X1187