

13-40
17-39
X23159

SEP 5 1940
Registration District No. **599**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **35 years**
James Benjamin Wright

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Jackson**

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

(d) Street No. **1742 Summit St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **James Benjamin Wright**

3. (b) If veteran, name war **World.**

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **15** year **1940** hour **3** minute **25 P.** M.

21. I hereby certify that I attended the deceased from **Aug 11**, 19**40**, to **Aug 15**, 19**40**
that I last saw him **alive** on **Aug 15**, 19**40**
and that death occurred on the date and hour stated above.

4. Sex **Male.**

5. Color or race **White**

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

6. (b) Name of husband or wife **Ms. Laura Bernice**

6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Jan 27 1888**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia**

Due to **Gangrenous Appendicitis**

Other conditions **MI**
(Include pregnancy within 3 months of death)

Duration **7 day**

8. AGE: Years **52** Months **6** Days **19**
If less than one day hr. min.

9. Birthplace **Kandalia Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Railway Service**

11. Industry or business **Brakeman**

12. Name **William W. Wright**

13. Birthplace **Greenville Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Nathan**

15. Birthplace **Kandalia Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ms. J. B. Wright**

(b) Address **1742 Summit St.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date there **Aug 19-40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mary's Cem.**

18. (a) Signature of funeral director **Edward H. Francis**

(b) Address **Parkville MO**

19. (a) **Aug. 19, 1940**
(Date received local registrar)

M.M. Crowe
(Registrar's signature)

Major findings: **As stated above**

Of operations _____

Of autopsy **no**

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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature **J. B. Sheldon** (M. D. or other) _____

Address **922 Walnut** Date signed **8/16/40**

Black at 3

1718 Somerset
P. B. Marshall El 6

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, ME

Registered Apprentice No. _____

working under my personal supervision.

Signed Leland H. Lancer

Licensed Embalmer No. 3451

P. O. Address Parkeville

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, fact should be so stated above.