No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37671

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4269

DEC 11 1940

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:
1108 West 48th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 1108 West 48th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Lula Brown Wright
3. (b) If veteran, name war ----- 3. (c) Social Security No. -----
4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James E. Wright 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February (Month) 12, (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	26	____ hr. ____ min.

9. Birthplace Adrian County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James S. Brown
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy Oliver
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Joseph Northcutt
(b) Address 6723 Tomahawk Road
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 11-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Missouri
18. (a) Signature of funeral director Dates Funeral Home
(b) Address Kansas City, Kansas
19. (a) Nov. 8, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month H — day 7-46
year ____ hour 8:25 a.m. minute ____ M.
21. I hereby certify that I attended the deceased from 11-5-40
11-7-46, 19__, to ____, 19__;
that I last saw h. alive on 11-7-46, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	3 days
Due to: Arteio-Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
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 Dr Frank E. Bird (M. D. or other) M.D., D.O.
Address 3600 Harrison Date signed 11-9-40

(Licensed Embalmer's Statement on Reverse Side)

Frank Bird
3600 Harrison
Va 2776

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 4148 State S

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

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