

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41374

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4767

1. PLACE OF DEATH: **Jackson**
 (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: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **32 days**
(Specify whether)
 In this community **20 years**
years, months or days

3. (a) PRINT FULL NAME **Mrs. Jennie Ann Wright**
 3. (b) If veteran, name war **XX**
 3. (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **Wn**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Samuel Tilden Wright**
 6. (c) Age of husband or wife if alive **XX** years
 7. Birth date of deceased **October 26 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	17	hr. min.

9. Birthplace **Iowa**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At Home**

11. Industry or business **7**
 12. Name **Thomas Higgins**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **No Record**
 15. Birthplace **Dr. J. T. Wright**
(City, town, or county) (State or foreign country)

16. (a) Informant **715 Westport Rd**
 (b) Address **Removal**
 17. (a) **Removal** (b) Date thereof **12-16-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Topeka, Kansas**

18. (a) Signature of funeral director **J. Wagner**
 (b) Address **Kansas City, Mo.**
 19. (a) **12/15/40** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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. **3252 Broadway**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13th**
 year **1940** hour **1** minute **25** P. M.
 21. I hereby certify that I attended the deceased from **Nov 21**
 19**40**, to **Dec 13** 19**40**
 that I last saw her alive on **12/13** 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** **3 wks**
 Due to **95 B²**
 Due to **arterio sclerotic heart disease** **10 yrs**
 Other conditions **disease**
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy **same as above**
 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 **P. J. O'Connell M.D.** (M. D. or other) **1/12-40**
 Address **810 W. 14th St. Belq** Date signed **1/12-40**

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

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 *A. R. Hainschild*

Licensed Embalmer No. *4159*

P. O. Address. *Kansas city Mo*

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.