

FILED APR 15 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
6035 Kenwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community entire life  
years, months or days

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. 6035 Kenwood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4  
year 1941 hour \_\_\_\_\_ minute 4 a.m.  
21. I hereby certify that I attended the deceased from Jan 1938  
1938, to 3-4-41 1941;  
that I last saw him alive on 3-4- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary thrombosis Duration 2 hours  
Due to chronic hypertension period years  
Due to chronic interstitial nephritis et age period years  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 121  
Of operations \_\_\_\_\_  
Of autopsy 1210  
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 W. G. J. ... (M.D. or other)  
Address 612 Chambers Bldg Date signed 3-5-41

3. (a) PRINT FULL NAME Augustus Wright

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Nov 7 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adam Wright

(b) Address 6035 Kenwood

17. (a) Burial (b) Date thereof 3-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Butler Mortuary

(b) Address 5811 Troost Ave

19. (a) Mar 7 1941 (b) M. M. ...  
(Date received local registrar) (Registrar's signature)

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

18  
23  
8

1-10-41

*Dec. Lenoirville*

**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

*Ray Ruffin*

Licensed Embalmer No.

*2956*

P. O. Address

*K. O. 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, above space should be left blank.**