

Registration District No. **279**

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 Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Home 7111 East 16<sup>th</sup>**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: **1**  
(Specify whether years, months or days)  
 In this community: **40 years**

3. (a) PRINT FULL NAME **Ollie Belle Wright**

3. (b) If veteran, name war: **No**  
 3. (c) Social Security No.: **None**

4. Sex: **Female** / 5. Color or race: **White**  
 6. (a) Single, widowed, married, divorced: **Married**  
 6. (b) Name of husband or wife: **Robert C. Wright**  
 6. (c) Age of husband or wife if alive: **75** years  
 7. Birth date of deceased: **March 15th, 1868**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **2**  
If less than one day hr. min.

9. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **House wife**

11. Industry or business: **Home**

MOTHER FATHER  
 { 12. Name: **Joshua Bowman**  
 { 13. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name: **Sophia Mc. Gee**  
 { 15. Birthplace: **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **T. J. Wright**

(b) Address: **4114 East 59th,**

17. (a) **Burial** (b) Date thereof: **March 19th**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Washington**

18. (a) Signature of funeral director: **Rose & Henderson**

(b) Address: **Kansas City Missouri**

19. (a) **2/19/41** (b) **M. M. Grove**  
(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.: **7111 East 16th Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **17th**,  
 year **1940** hour **I** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Jan 1941**, 19 to **March 17**, 19**41**  
 that I last saw her alive on **March 16**, 19**41**  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Ch. Myocardial Infarction**  
 Duration \_\_\_\_\_

Due to: **Ch. Emphysema - Bronchitis**

Due to: **Cerebrovascular - Hypertension**

Other conditions: **Ch. Bright disease**  
(Include pregnancy within 3 months of death)

Major findings:  **30%**  
 Of operations:   
 Of autopsy:  **1318**

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: **D. E. Deane** (M. D. or other) **3/18/41**  
 Address: **4120 E 24th** Date signed: **3/18/41**

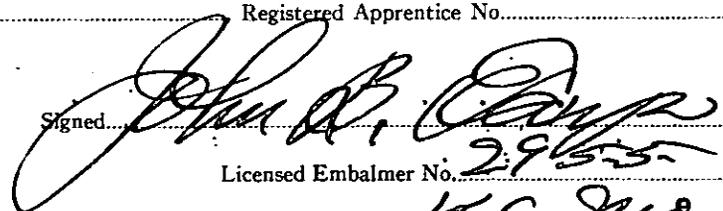
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....



Licensed Embalmer No. 29555

P. O. Address 17. C. 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.**