

Registration District No. 400

Primary Registration District No. 555318

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Beauregard Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jackson County Home for the Aged  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr 9 mo (Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 18  
(c) City or town Kansas City 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 523 Grand Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? unknown years.

3. (a) PRINT FULL NAME George Wright

3. (b) If veteran, name war WW 3. (c) Social Security No. 70

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 10 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace London England  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

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 Resident Jackson County Home

(b) Address 116 Blue St

17. (a) Anatomical (b) Date thereof 6-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical

18. (a) Signature of funeral director W B Rogers

(b) Address 116 Blue St

19. (a) 6-18-41 (b) David L. James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1941 hour 6 minute 50 a.m.

21. I hereby certify that I attended the deceased from 6-14, 1941, to 6-16, 1941  
that I last saw him alive on 6/15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Due to \_\_\_\_\_

Due to g3h

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J W Greene (M. D. or other) \_\_\_\_\_

Address Beauregard Date signed 6/16/41

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

MOTHER FATHER

