S. No. 2
M—5-42
7. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40065

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4460

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 30 Years

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.: 3317 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Charles Wrightout

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-12-5786

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March (Month) 15th (Day) 1889 (Year)

8. AGE: Years 53 | Months 8 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: Porter

11. Industry or business: Business

FATHER
12. Name: Unknown
13. Birthplace: " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mattie Perry
(b) Address: 2639 Park Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Adkins Bros.
(b) Address: 2000 E. 12th K. C. Mo.

19. (a) 12-1-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 26 year: 1942 hour: 10:00 minute: A. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1942, 19..., to Nov. 26, 19 42, that I last saw him alive on Nov. 26, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 Days

Due to: Essential Hypertension

Due to: 830

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

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: [illegible] (M. D. or other) 11-27-42
Address: 600 E. 22nd St. Date signed:

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(Licensed Embalmer's Statement on Reverse Side)

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. T. Moore

Licensed Embalmer No. 948

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.