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PI, X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9361**
Registrar's No. **1488**

FILED MAR 31 1943
Registration District No. **149**

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:
North Hotel - 2029 Main Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **-----** (Specify whether
In this community **31 Years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2252 East 77th Street Terrace**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----** **0**

3. (a) PRINT FULL NAME **Mrs. Eulala Ruth Wright**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **486-10-2770**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **3 Divorced**
6. (b) Name of husband or wife **Mr. Cliff B. Wright**
6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **September 26 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 28 hr. min.

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

10. Usual occupation **Stenographer**

11. Industry or business **Great Western Paint Company**

12. Name **Isaac M. Gorman**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Langhorst**
15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Minnie L. Gorman**
(b) Address **2252 East 77th Street Terrace**

17. (a) **Burial** (b) Date thereof **Mar. 27, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. H. Newcome's Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **3-27-43** (b) **M. M. Gorman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24th**
year **1943** hour **10** minute **45** P. M.
21. I hereby certify that I attended the deceased from **APRIL 27 1942**
19 **1943** to **MARCH 24 1943**

that I last saw her **alive on MAR 20 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION** **1 DAY**
Duration

Due to **HYPERTENSION 942** **YEARS**

Due to

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?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **B. C. [Signature]** (M. D. or other)
Address **6844 [Address]** **R. Cho [Address]**

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

6944 Prospect Avenue
1-4-7-9

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.....

C. Hervey Rosenberry

Licensed Embalmer No..... *4070*

P. O. Address..... *R 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.