

FILED MAR 31 1943
Registration District No. 199

Primary Registration District No. 1002

1462

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

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:
4443 Askew Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)

In this community 4 Months

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. 4443 Askew Avenue
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT THE Reverend John Wesley Wright
FULL NAME

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Gertrude Wright

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

7. Birth date of deceased November 13 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	10	hr. min.

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

10. Usual occupation Missionary Baptist Minister

11. Industry or business Retired

12. Name Unknown Wright

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. C. C. Gardner

(b) Address 4443 Askew Ave

17. (a) Removal North Vernon, Indiana
(Burial, cremation, or removal)

(b) Date thereof Mar. 25, 1943
(Month) (Day) (Year)

18. (a) Signature of funeral director D. H. Newcome's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-25-43 (Date received local registrar)

(b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerotic heart disease
Due to Basal cell carcinoma of face

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings: Inspection and history

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? _____

While at work _____ (Specify type of place)

Means of injury _____

23. Signature D. E. Ussher (M-D, or other) M.D.
Address 23rd Maple Date signed 3/24/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

KC 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.