

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 So. Union
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

In this community 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCES C. 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 Dale Wright 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June 10 1905
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Joseph Bogenschold

13. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret M. Dale

15. Birthplace Ladoga City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Dale Wright

(b) Address 117 So. Union

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation M. Mason Indep. Mo

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo

19. (a) 2-8-1943 (b) Jamestown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 117 So. Union
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 4
year 1943 hour 5:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 27 1942 to Feb 4 1943
that I last saw him alive on Feb 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial pneumonia
Due to Complications of the
ulcers

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 44
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) (c) Means of injury

23. Signature Dr. Ruth V. Anderson
Address Independence Mo Date signed 7/17/43

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

MOTHER FATHER

Ernest ...
809 W. ...

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..... *Frank ...*

Licensed Embalmer No. *2467*

P. O. Address. *Indep. 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.