

FILED NOV 10 1943 / 49
Registration District No. **149**

Primary Registration District No. **1002**

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:
1640 Jarboe
(If not in hospital or institution, write street number or location)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **1640 Jarboe**
(If rural, give location) **3**

(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **Mae E. Wright**

3. (b) If veteran, name war **xx**

3. (c) Social Security No. **none**

4. Sex **Fe.**

5. Color or race **Wh.**

6. (a) Single, widowed, married, divorced **Mar.**

6. (b) Name of husband or wife **Ward W. Wright**

6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Arox. 74 hr. min.

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

10. Usual occupation **House wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown** **7**

{ 13. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown** **7**
(City, town, or county) (State or foreign country)

16. (a) Informant **Coroners Office**

(b) Address **Jackson County, Mo.**

17. (a) **Burial** (b) Date thereof **10/30/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill Cem.**

18. (a) Signature of funeral director **H. Tigerman & Sons**

(b) Address **Kansas City, Mo.**

19. (a) **10-26-43** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10/23/43**, year _____, hour _____, minute _____ M.

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

Immediate cause of death **Coronary Atherosclerosis**

Due to _____

Due to **also** _____

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

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy **Inspection, History**

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 glass)

(e) Means of injury _____

23. Signature **W. E. Hester** (M. D. or other) **W. E. Hester**

Address **23 McColl** Date signed **10/24/43**

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.....

Francis Waller, Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Kaminar*
Licensed Embalmer No. *2744*
P. O. Address *P.O. 440*

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.