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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20954

Registration District No. FILED JUL 15 1949 Primary Registration District No. 1002 Registrar's No. 2802

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Higginsville 54 (If outside city or town limits, write "RURAL")

(d) Street No. — — — 2 (If rural, give location)

(e) Citizen of foreign country? No — (Yes or No) 1

If yes, name country — 11

3. (a) PRINT FULL NAME Richard Gail Wright

3. (b) If veteran, name war no.

3. (c) Social Security No. # unk

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 8 (Day) 1923 (Year)

8. AGE: Years 20 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Corder Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Newcar Bowler Pearl

11. Industry or business

FATHER
12. Name H. D. Wright
13. Birthplace Higginsville Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bemela Culman Wright
15. Birthplace Higginsville Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant H. D. Wright

(b) Address Higginsville Mo

17. (a) Bemel (Burial, cremation, or removal) (b) Date thereof 7-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Corder Mo

18. (a) Signature of funeral director Alfred Haffner

(b) Address Higginsville Mo

19. (a) 7-5-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 44 hour 6 minute P M.

21. I hereby certify that I attended the deceased from July 2, 1944 to July 5, 1944 that I last saw him alive on July 5, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death sub-acute bacterial encarditis	
Due to contributing cause - acute	
Due to inflammatory rheumatism	
Other conditions (Include pregnancy within 3 months of death) 58	

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 John O. Skinner (M. D. or other)

Address Bryant Bldg K.C. Mo. Date signed 7/5/44

(Licensed Embalmer's Statement on Reverse Side)

MAR - 8 1945

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. Alfred A Hagen

Licensed Embalmer No. 539

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.