S. No. 2
M—8-13
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

Registration District No. 1449

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30373

Registrar's No. 3575

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: Gen. Hosp. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-29-44-9-1-44 (Specify whether years, months or days)

In this community: Unknown 26 Years

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.: 1101 Woodland
(If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: ELMER F. WRIGHT

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

3. (c) Social Security No. 495-05-1591

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nannie Wright

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: December (Month) 14 (Day) 1898 (Year)

8. AGE: Years 45 Months 8 Days 17 If less than one day hr. min.

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

10. Usual occupation: Comon Laborer

11. Industry or business: Stewart Sand Co.

MOTHER FATHER

12. Name: Frank Wright

13. Birthplace: Speed Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Louise

15. Birthplace: Speed Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Record Clerk

(b) Address: Gen. Hosp. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3 '44 (Month) (Day) (Year)

(c) Place: burial or cremation: Speed Mo.

18. (a) Signature of funeral director: Watkins Bros Undt

(b) Address: 1329 Lydia

19. (a) 9-3-44 (Date received local registrar) (b) T. E. Barron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1944 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from August 29, 1944 to September 1, 1944; that I last saw him alive on September 1, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia — Duration

Due to: Probable general Paresis

Due to:

Other conditions (Include pregnancy within 3 months of death): 30 d

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: [illegible] (M. D. or other)

Address: Gen. Hosp. #2 600 E. 22nd Date signed 9-2-44

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford Woods

Licensed Embalmer No. 3106

P. O. Address.....

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.

State of Mo } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 30373
Local Registrar's No. 35-75

On this 12 day of February, 1946 before me appears Mrs. Nannie Wright, who, upon her oath, states that the original record of ~~birth~~ death for Elmer Wright, ~~born~~ died Sept 1, 1944, in the State of Missouri, and which was filed at Kansas City on Sept 3, 1944 should be corrected as follows:

Item No. 3 should read Elmer F. Wright
Instead of Elmer Wright

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nannie Wright (wife)
Relationship

1101 Woodland
Present Address.

Subscribed and sworn to before me this 12th day of Feb., 1946.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667