

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36995**
Registrar's No. **4592**

FILED DEC 4 1944

Registration District No. **197** 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: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Weeks**
(Specify whether years, months or days)

In this community **8 Weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette** **54**

(c) City or town **Lexington** **2**
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Grover Cleveland Wright**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** **0**

5. Color or race **White**

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

6. (b) Name of husband or wife **Sadie May Wright**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **9 23 1884**
(Month) (Day) (Year)

8. AGE: Years **60** Months **1** Days **18** If less than one day hr. min.

9. Birthplace **Lafayette Co. Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Grocery & Coal Business**

11. Industry or business **For self**

MOTHER FATHER { 12. Name **Zack W. Wright**

13. Birthplace **Kentucky** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Prudence Cravens**

15. Birthplace **Lafayette Co. Mo.** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sadie May Wright**

(b) Address **Lexington, Missouri**

17. (a) **Removal** (b) Date thereof **11-13-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Missouri**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **11-14-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11th**, year **1944** hour **8** 55 minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept.** 19 **44** to 19 **44**

that I last saw h. **alive** on **11-11** 19 **44** and that death occurred on the date and hour stated above.

Immediate cause of death **Polar Pneumonia**

Due to **Congestive Heart Failure**

Due to **Coronary Thrombosis**

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **108**

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) (e) Means of injury

23. Signature **K. C. Brown** (M. D. or other)

Address **K. C. Brown** Date signed **11/13/44**

Dr. Donald Black

Vic 8481 Prof. Bldg.

Research Hospital

After 11:00

NOV 24 1954

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 Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address K. C. 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.