

FILED DEC 4 1944
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:
1415 CHARLOTTE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **45 YEARS**
years, months or days)

3. (a) PRINT FULL NAME **MR HYRUM WALTER WRIGHT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **3** **DIVORCED**
6. (b) Name of husband or wife **MRS.** 6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **DECEMBER 25 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **18** If less than one day hr. min.

9. Birthplace **SALINE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED - 10 YEARS**

11. Industry or business **ROOFER**

12. Name **CAROL WRIGHT**

13. Birthplace **UNKNOWN MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. WALTER J. WRIGHT**

(b) Address **2936 BROOKLYN AVENUE**

17. (a) **BURIAL** (b) Date thereof **NOV 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FLORAL HILLS CEMETERY**

18. (a) Signature of funeral director **D. N. Hulcomer, son**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **11-16-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **1415 CHARLOTTE STREET**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **13TH**
year **1944** hour **6** minute **20 P. M.**

21. I hereby certify that I attended the deceased from _____ to _____, 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 Arteriosclerosis**
Due to _____

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

Major findings: Of operations **94a**
Of autopsy **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 injury) _____ (e) Means of injury **MI**
23. Signature **A. E. Upsher** (M. D. or other) **MD**
T. E. Brown Date given **11/15/44**

Vertical text on the right margin, possibly a date or reference number.

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *KC 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.

Small handwritten marks or numbers at the bottom left corner.