

FILED JAN 17 1945
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 ST JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 HOUR
(Specify whether years, months or days)

In this community 20 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. 1121 E. 11th STREET
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE MYRLE LEVINA WRIGHT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 29th
year 1944 hour 1 minute 20 P.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. LEVIA WRIGHT

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased APRIL 17 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 28 1944 to Dec 29, 1944

that I last saw her alive on Dec 29th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 Hrs

8. AGE: Years 43 Months 8 Days 12
If less than one day hr. _____ min. _____

Due to Arterior Schlerosis ?

Due to 940

9. Birthplace FORT DODGE, IOWA
(City, town, or county) (State or foreign country)

Other conditions Myocardial Infarct ?
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name LEE WELTY

13. Birthplace CINCINNATI, OHIO
(City, town, or county) (State or foreign country)

14. Maiden name FANNIE WYKSE

15. Birthplace FORT DODGE IOWA
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Ray W. Wright

(b) Address 1121 East 11th Street

17. (a) Burial (b) Date thereof Jan. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

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? _____

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-31-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature J. E. Donaldson (M. D. or other) _____
Address 615 Argyle Bldg Date signed 12/30/44

615-Orange Beach
1-6

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 W. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo.

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.