

FILED MAR 3 1945
 749

Registration District No. _____

Primary Registration District No. **1062**

Registrar's No. **734**

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:
4020 Central St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **3 Years 6 Months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4020 Central St. 8**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Robert Orrin Wright**

3. (b) If veteran, name war **World War 1** 3. (c) Social Security No. **521-12-8639**

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married 1**

6. (b) Name of husband or wife **Ruth Wright** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **July 13 1892**
(Month) (Day) (Year)

8. AGE: Years **52** Months **6** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Greenville Ill. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Air Craft Mechanic**

11. Industry or business **T. W. A.**

12. Name **William Wright**

13. Birthplace **England 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha L. Grigg**

15. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruth Wright**

(b) Address **4020 Central Street**

17. (a) **Burial** (b) Date thereof **2-15-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Memorial Park**

18. (a) Signature of funeral director **Freeman Mortuary**

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

19. (a) **2-13-45** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th**
 year **1945** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 14th 1943** to **Feb 12 1945**
 that I last saw him alive on **Feb 11 1945**
 and that death occurred on the date and hour stated above.

Immediate cause of death **hemorrhage from carcinoma of the right main bronchus** Duration _____

Due to **with metastasis to adrenal, liver etc**

Due to _____

Other conditions **47C**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **See above**

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? _____

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

23. Signature **Hubert H. Mantz** (M. D. or other) **M.D.**

Address **608 Prof. Bldg** Date signed **Feb 13 1945**

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

MOTHER FATHER

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.