V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8872

State File No. 1069

FILED MAR 24 1945

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few hrs (Specify whether
In this community about 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1001 E. 15
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Wright

3. (b) If veteran, name war World War 1

3. (c) Social Security No. Unknown

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 60 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant E. Sterling Bills

(b) Address 1212 vine K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kan.

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 vine St. K.C. Mo

19. (a) 3-6-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1945 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 to , 19 that I last saw b alive on , 19 and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death Burns 1-2nd Degree

Due to Face and neck

Due to

Other conditions 180-6 15
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Insp Histories

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123

(a) Accident, suicide, or homicide (specify) Fire

(b) Date of occurrence 2-14-45

(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Conflagration

23. Signature L. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 2-17-45

(Licensed Embalmer's Statement on Reverse Side)

APR 2 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 E. Sterling Bullis

Licensed Embalmer No. 3178

P. O. Address 1217 Vine St

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.