

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

5959

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 542

Registration District No. 149 Primary Registration District No. 1002

838  
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) 10  
(d) Length of stay: In hospital or institution 33-DAYS  
(Specify whether \_\_\_\_\_)  
In this community 2 YEARS  
years, months or days

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. 7537 MCGEE STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN THOMAS WRIGHT  
3. (b) If veteran, name war NO  
3. (c) Social Security No. 049-10-1704

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEBRUARY day 1<sup>ST</sup>  
year 1946 hour 7 minute 15 A. M.  
21. I hereby certify that I attended the deceased from DEC 1, 1945, to FEB 1, 1946  
that I last saw him alive on DEC 31, 1945  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. HELENERICE WRIGHT  
6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased JUNE-4-1908  
(Month) (Day) (Year)

Immediate cause of death  
RENAL URICACEMIA (GOUT) 6 mos  
Duration

8. AGE: Years Months Days If less than one day  
37 7 27 hr. \_\_\_\_\_ min \_\_\_\_\_

Due to BILATERAL RENAL URICACEMIA 2 mos  
probably due to high blood pressure  
(in m.o.)

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

10. Usual occupation GENERAL FOREMAN

11. Industry or business PRATTY WHITNEY AIRCRAFT CORP. OF MO

12. Name THOMAS WRIGHT

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

14. Maiden name ELIZABETH TROTTER

15. Birthplace MANCHESTER CONNECTICUT  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen E Wright

(b) Address 7537 McGEE

17. (a) REMOVAL (b) Date thereof FEB-1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANCHESTER, CONNECTICUT

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

(b) Address 1401 BRUSH GREEN 13 LVD.

19. (a) 2-1-46 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 133 B

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) (Means of injury)

23. Signature B. C. Linsley (M. D. or other) MD

Address 6249 Poplar Ash Date signed Feb 1 1946

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**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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *R. 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.**