

FILED SEP 3 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 960

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether years, months or days) 5 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, give "RURAL" and name of township)
(d) Street No. 3314 EAST 20th ST. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME BERT WILSON WRIGHT

(b) If veteran, name war _____ (c) Social Security No. 373-09-7560

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband of wife AUDREY WRIGHT 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased JUNE 20 - 1899 (Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 5 If less than one day hr. min.

9. Birth place DEKALB Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business _____

12. Name CHARLES C. WRIGHT 1

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

14. Maiden name MARY JANE RAMSEY

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

16. Informant Audrey Wright wife

17. (a) Address 3314 E. 20th, Kansas City, Mo.

(b) Date thereof 8-29-46 (City or town) (County) (State)

(c) Place: burial or cremation CHRISTIAN CHAPEL

18. (a) Signature of funeral PARNER FUNERAL HOME

(b) Address 1145 S. VINE ST. Mo.

19. (a) AUG. 26, 1946 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1946 hour 8:04 minute P. M.

21. I hereby certify that I attended the deceased from August 25, 1946 to Aug. 25, 1946 that I last saw him alive on 8/25/46 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage, intra-cranial 7 hrs.
Due to Gunshot wound of forehead 7 hrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 184

Of autopsy 37

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) accident 32
(b) Date of occurrence 8/25/46
(c) Where did injury occur? DeKalb County, Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in public place (highway)
While at work? NO (Specify type of place) (e) Means of injury gun shot

23. Signature [Signature] (M. D. or D.O.) Address St. Joseph, Mo. Date signed 8/26

WRITE PLAINLY—USE UNFADING INK

CERTIFICATE NUMBER 91946

Wallace Stalls

04

1971 01-21

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 *zait be*

Registered Apprentice No. _____

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. *3960*

Massville 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of DeKalb } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 960

On this 5th day of September, 1946, before me appears G. T. Pilcher
of Pilcher Funeral Home, who, upon his oath, states that the original record of ~~birth~~
death

for Bert Wilson Wright ~~died~~ Aug. 25, 1946, 19... in the State of
Missouri, and which was filed at St. Joseph on Aug. 26, 1946 should be corrected as follows:

Item No. should read

Instead of

Item No. should read

Instead of

Item No. 3.(c) should read Social Security No. 373-09-7560

Instead of NONE

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant [Signature] None
Relationship.

Maysville, Missouri
Present Address.

Subscribed and sworn to before me this 5th day of September, 1946.

My Commission expires March 15, 1950. [Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

26389

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