

S. No. 2
I-1/47
5-17-39

21269

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

2815

National Office of Vital Statistics

FILED JUL 14 1947

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: 6407 MORNINGSIDEDRIVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 YEARS (Specify whether years, months or days)

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. 6407 MORNINGSIDEDRIVE 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA L. WRIGHT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 1ST
year 1947 hour 9 minute 30 P. M.

5. Color or race WHITE

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

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

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

7. Birth date of deceased DEC. 9/10 - 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 29
1947, to July 1, 1947
that I last saw him or her alive on July 1, 1947,
and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>9</u>	<u>22</u>	hr. min.

Immediate cause of death Bronchial pneumonia 3 days

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

Due to

Due to

Other conditions, Senility
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: Senility

Of operations none 107

Of autopsy none

PHYSICIAN

Underline the cause of which death should be charged statistically.

11. Industry or business AT HOME

12. Name VAN RIPER

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

14. Maiden name Susan

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

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?

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

(Specify type of place)

While at work?

(e) Means of injury

23. Signature W. L. Hunter (M. D. or other) M.D.

Address 1408 Waldheim Bldg. Date signed 7/2/47

16. (a) Informant Mr. Chet A. Keys

(b) Address 6407 MorningSide Drive

17. Entombment (Burial, cremation, or removal)

(b) Date there JULY 3, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Newcomer's Vault

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 7-3-47 (Date received local registrar)

Thalidine Holmes (Registrar's signature)

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

MOTHER FATHER

1408 Waldheim Bldg.
1:30-5

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: Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.