S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24442

Registrar's No. 2968

WRITE PLAINLY—USING 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: 2722 Brighton, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 45 Years
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. 2722 Brighton 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward W. WRIGHT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Wright
6. (c) Age of husband or wife if alive 60 yrs.
7. Birth date of deceased August 26, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	14	hr. min.

9. Birthplace Crawford Co. Arkansas
(City, town, or county) (State or foreign country)
10. Usual occupation Patrolman
11. Industry or business K.C.Mo. Police Dept.
FATHER
12. Name Wright
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Laura Wright
(b) Address 2722 Brighton Ave.
17. (a) Burial (b) Date thereof 7/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.
18. (a) Signature of funeral Gates Funeral Home
(b) Address 1901 Olathe Blvd. K.C. Kans.
19. (a) 7-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th
year 1947 hour 8 minute 35P. M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no History & Inspection	

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PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 7-10-47
(c) Where did injury occur? KC Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home
(Specify type of place)
While at work? no (e) Means of injury 38 Pistol
23. Signature James Walker (M. D. ~~or other~~) Co. 3
Address 1424 Pyl Bldg Date signed 7-11-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. 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.