No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 1919

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31530

Primary Registration District No. 1002

Registrar's No. 4180

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: 3604 WYANDOTTE STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 65 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. 3604 WYANDOTTE STREET 8
(If rural, give location)

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

If yes, name country -----

3. (a) PRINT FULL NAME MISS MINNIE KATHRYN WRIGHT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased MAY (Month) 24 (Day) 1867 (Year)

8. AGE: Years 80 Months 4 Days ~~17~~ 7 If less than one day ..... hr. ..... min.

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

10. Usual occupation ----

11. Industry or business AT HOME

FATHER
12. Name William H. WRIGHT
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Glasscock
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant M. T. Wright
(b) Address 3604 Wyandotte

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT WASHINGTON CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1st year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 1945 to Oct 1, 1947; that I last saw her alive on Oct 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis with decompensation	6 Mon
Due to Valvular heart disease	50 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92 d
Of autopsy

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) —

(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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature E W Slusher (M. D. or other)

Address 900 Rialto Bldg Date signed 10-2-47

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

10-12

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.....

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.