S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41989

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5303

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: NORTHEAST OSTEOPATHIC HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK. 1)
(Specify whether
In this community 35 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3 8
(c) City or town KANSAS CITY.
(If outside city or town limits, write "RURAL")
(d) Street No. 3308 EAST 10th STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. NELLIE WRIGHT
3. (b) If veteran, name war No.
3. (c) Social Security No. 486-26-6244

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. SAMUEL J. WRIGHT
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased DECEMBER (Month) - 13 (Day) - 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	0	0	hr. min.

9. Birthplace Texas
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Milton Tackett
13. Birthplace Texas
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY WITTY
15. Birthplace TEXAS
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Orville Wright
(b) Address 3308 E. 10th K.C. Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-16-1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEMETERY
18. (a) Signature of funeral director D. H. Duncomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 13TH year 1947 hour 5 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 1947 to Dec 13 1947 that I last saw her alive on 12-13 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Coronary Embolism~~ Cardiac failure	
Due to Coronary Embolism	
Due to Abdominal Surgery Cholecystectomy stones	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 126

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) 2
While at work? (e) Means of injury
23. Signature A. L. Antry (M. D. or other) D.O.
Address 3901½ Indiana Date signed 12-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

390/12 [illegible] Ave.

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.