

No. 2
2-45
17-39
X47070

State File No. _____

FILED OCT 29 1948

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 4114

1. PLACE OF DEATH:

(a) County Tackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Southern
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community: 6 days (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kan (b) County Dream 999
(c) City or town Quincy 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. Quincy 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Frances Bright

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, widowed

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

7. Birth date of deceased Oct. 15 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 24 hr. min.

9. Birthplace No Record Mo., D
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name C. W. Schulz

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hunter

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant William D. Bright
(b) Address 201 E. Wm, Paola, Kansas.

17. (a) None (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paola

18. (a) Signature of funeral director Wm Wilson
(b) Address Paola, Kans.

19. (a) 10-10-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1948 hour 9:45 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 4th
1948 to Oct 9th 1948
that I last saw her alive on Oct 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to hypertension years

Due to _____

Other conditions (include pregnancy within 3 months of death) 830'

Major findings: Of operations _____

Of autopsy _____

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) _____

(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? _____

While at work? (Specify type of place) (e) Means of injury 6

23. Signature Earl R. Knox (M. D. number) _____

Address #730 Chap. Paola, Kan. Date signed Oct 9 1948

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

MOTHER FATHER

Removal to Paola Haus

NOV 1 1948

OCT 29 1948

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 *Ray Wilson*
Licensed Embalmer No. *1318*
P. O. Address *Paola Haus*

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.