

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2681

BIRTH NO. _____		REG. DIST. NO. 39		PRIMARY REG. DIST. NO. 4097		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and township) <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u>		c. CITY (If outside corporate limits, write RURAL and township) <u>Harrisonville</u>		d. STREET ADDRESS (If rural, give location) <u>901 W. Mechanic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901 W. Mechanic</u>				d. STREET ADDRESS (If rural, give location) <u>901 W. Mechanic</u>			
3. NAME OF DECEASED (Type or Print) <u>URSULA</u>		a. (First)		b. (Middle)		c. (Last) <u>WRIGHT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 6 1949</u>		5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov 30 1853</u>		9. AGE (In years last birthday) <u>95</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Belfast Ireland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Belfast Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Orr</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Lockhart</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Wright</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B.D. Downey</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrisonville Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harrisonville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11/34/1</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>MAR 1</u> , 19 <u>49</u> , to <u>Apr 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 6</u> , 19 <u>49</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.						23. DATE SIGNED <u>4/7/49</u>	
23a. SIGNATURE <u>Paul H. Green</u>		23b. ADDRESS <u>Harrisonville</u>		23c. DATE SIGNED <u>4/7/49</u>		23d. DATE SIGNED <u>4/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oxford Indiana</u>		24d. LOCATION (City, town, or county) (State) <u>Oxford Indiana</u>	
DATE REC'D BY LOCAL REG. <u>Apr 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE <u>Remembrance Harrisonville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

19-0

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ernest Mendenbeyer

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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.