

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41114**  
**5470**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

4

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Kansas City</b> | c. LENGTH OF STAY (in this place)<br><b>8 Yrs</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Kansas City</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Woodland Nursing Home</b>                            |   | d. STREET ADDRESS (If rural, give location)<br><b>3415 East 28th St.</b>  |  |

|   |                                  |  |  |  |   |
|---|----------------------------------|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Bertha</b> b. (Middle) <b>N.</b> c. (Last) <b>Wright</b> |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 25 1950</b> |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b> | 8. DATE OF BIRTH<br><b>October 15 1879</b>                   |  | 9. AGE (In years last birthday) <b>71</b>     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME<br><b>John Nagle</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Elle Harris</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Wade H. Wright</b> |
|---|---|--|

|   |  |  |  |                                   |
|---|--|--|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs Roger D. Merrill</b> |  | ADDRESS<br><b>Kansas City, Mo</b> |
|---|--|--|--|-----------------------------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b><br><br>ANTECEDENT CAUSES<br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br><br>DUE TO (b) <b>Arteriosclerosis</b><br><br>DUE TO (c) |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b><br><b>1 yr</b><br><b>45<sup>00</sup></b> |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 1-10-50, 1950, to 12-25-50, 1950, that I last saw the deceased alive on 12-25-50, and that death occurred at 2 A m., from the causes and on the date stated above.

|  |                                |  |                                     |
|--|--------------------------------|--|-------------------------------------|
| 23a. SIGNATURE<br><b>Frank Paul Laurendeau</b> | (Degree or title)<br><b>MD</b> | 23b. ADDRESS<br><b>425 1/2 White Ave</b> | 23c. DATE SIGNED<br><b>12-26-50</b> |
|--|--------------------------------|--|-------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>Dec 27 1950</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
|--|---------------------------------|---|---|

|   |  |   |   |
|---|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>12-27-50</b> | REGISTRAR'S SIGNATURE<br><b>Geraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Mrs. C. L. Forster</b> | ADDRESS<br><b>Kansas City, Missouri</b> |
|---|--|---|---|

W. W. Ernie Payne R.M.

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clayton H. Barnes*

Signed.....

Student Embalmer

Licensed Embalmer No. 4793

P. O. Address 918 Brooklyn, K.C.

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.