

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20447

State File No. ....

2751

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>2751</u>   |  |
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).       |  |   |  |
| a. COUNTY<br><u>JACKSON</u>  |  | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |  | a. STATE<br><u>MISSOURI</u>  |  | b. COUNTY<br><u>JACKSON</u>   |  |
| c. LENGTH OF STAY (in this place)<br><u>25 yrs</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |  | d. STREET ADDRESS<br><u>2206 Flora Avenue</u>  |  | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>                  |  |
| 3. NAME OF DECEASED (Type or Print) <u>James</u>   |  | a. (First)   |  | b. (Middle)  |  | c. (Last)<br><u>WRIGHT</u>  |  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JUNE 25 1951</u>   |  | 5. SEX<br><u>MALE</u>  |  | 6. COLOR OR RACE<br><u>NEGRO</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>            |  |
| 8. DATE OF BIRTH<br><u>DECEMBER 31 1895</u>  |  | 9. AGE (In years last birthday) <u>55</u>  |  | IF UNDER 1 YEAR Months Days  |  | IF UNDER 1 WEEK Hours Mins.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>PLASTERER</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>BALDWIN, KANSAS</u>                          |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                     |  |
| 13a. FATHER'S NAME<br><u>JAMES WRIGHT</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>MAHALA WRIGHT WILSON</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>LAVADA WRIGHT</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>-</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>MAHALA WRIGHT 1835 Laura; Evanston, Ill.</u> |  |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA (CLINICAL)</u>  |  |  |  | <u>6000H</u>  |  |
|  |  | ANTECEDENT CAUSES  |  |  |  |   |  |
|  |  | DUE TO (b) <u>BILATERAL PYONEPHROSIS</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) |  |  |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>RESIDUAL CARCINOMA OF COLON WITH PELVIS METASTASIS</u>  |  |  |  | 20. AUTOPSY?<br>YES <input checked="" 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 <u>5-21</u> , 19 <u>51</u> , to <u>6-25</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>6-25</u> , 19 <u>51</u> , and that death occurred at <u>1:18P</u> m., from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE OF REGISTRAR<br><u>E. Frank Ellis</u>   |  | (Degree or title)<br><u>MD, MS</u>   |  | 23b. ADDRESS<br><u>600 East 22nd Street</u>  |  | 23c. DATE SIGNED<br><u>6-26-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>June 28/51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lincoln</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo</u>             |  |
| DATE REC'D BY LOCAL REG<br><u>6-28-51</u>  |  | REGISTRAR'S SIGNATURE<br><u>Geraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Spokane &amp; Williams 1729 Lydia</u>         |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....  
Student Embalmer

Signed *J. Manlove Jr.*  
Student Embalmer No. ....

Licensed Embalmer No. *3994*

P. O. Address *25 S. 30th Street*

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.